



*Susan Satriano Memorial Scholarship Foundation  
3012 Waverly Avenue  
Oceanside, NY 11572*

## SUSAN SATRIANO MEMORIAL SCHOLARSHIP FOUNDATION AWARD CHECKLIST

**Please complete the checklist below and return to the Main Office by March 1st in order to be eligible for this scholarship.**

**Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

\_\_\_ I am a current senior

\_\_\_ I will be attending college in the fall

\_\_\_ I have a parent, who is presently battling cancer, in remission, or unfortunately has passed away from the disease

\_\_\_ I am willing to participate in an interview with the scholarship founder

Please return to the Main Office by March 1, 2022