FBI National Academy Associates
New York State/Eastern Canada Chapter

William Leahy
President 2020

CAESAR F. ZYMANEK
MEMORIAL SCHOLARSHIP

APPLICATION FOR THE ACADEMIC YEAR 2020 TO 2021
This application and all attachments will be kept confidential. This application will be rejected if it is not executed in strict compliance with the instructions set forth in the attached letter of transmittal and under no condition will the Committee return this application with a request for additional information or omitted enclosures.

NAME IN FULL: _____
(Last) (First) (Middle)
HOME ADDRESS: _____
(Street and Number)
_____
(City) (State/Province) (Zip/Postal) (Telephone)

COLLEGE/UNIVERSITY ATTENDING: _____
_____
(Location) (Year/Level)

Name of Chapter Sponsor _____ **Dues Card #** _____
Status: Active ( ) Retired ( ) Deceased ( ) **NA Session** _____
*** If deceased name of Submitter** _____
Relationship to Applicant _____

Chapter Training Division: Albany ( ) Buffalo ( ) NYC ( ) Canada ( )

Signature: _____**DATE:** _____ **Signature**_____ **DATE:**_____
(Sponsor) (Applicant)

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