

**The Mid-Hudson Chapter of the NYS SFA
Dick Roberts Memorial Scholarship Program
Request for Application**

Name: _____

Street Address Line 1: _____

Street Address Line 2: _____

City: _____ State: _____ Zip: _____

Please send this completed request form to:

**Scholarship Managers
PO Box 2810
Cherry Hill NJ 08034**

**Postmark deadline for requesting applications is
Tuesday, April 30, 2019.**