



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 1 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 3, 2025