

Gunnar H. Esiason Endowed Scholarship 2025-2026

The **Gunnar H. Esiason Endowed Scholarship** was established in 1997 by Boomer Esiason in honor of his son. This scholarship is awarded each year to a deserving Hofstra student who has or has had a personal challenge in dealing with cystic fibrosis, through his/her own condition or that of a family member, or whose demonstrated service and commitment to the prevention and cure of cystic fibrosis is exemplary.

The scholarship recipient must be a full-time, undergraduate, matriculated student at Hofstra and remain in good standing while at the University. This scholarship is awarded by the Hofstra University Office of Financial Aid upon the recommendation of the Department of Student Activities.

High school seniors who have been admitted to Hofstra University and meet the requirements above are eligible to apply. The completed application must be submitted by email by 4:00 pm Friday, June 6, 2025 to be considered for the scholarship for the next academic year. Send your completed application to heidi.j.goldenberg@hofstra.edu.

The personal statement must be typed and included with this application along with a copy of a high school transcript, college transcript (if transfer student), or if current Hofstra student, a copy of your current DAR / DegreeWorks report. These should be web (NOT official) transcripts; Two letters of recommendation. Preference is for letters on official letterhead with an original signature. In the case that this is not possible, we will accept letters that are emailed to us directly from the recommenders; and the FERPA Student Release consent form.

The **FERPA Student Release consent form must be submitted along with this application**. This form can be downloaded from: www.hofstra.edu/pdf/acadrec FERPA.pdf. On this form, fill in Name of Authorized Person: *Gunnar H. Esiason Scholarship*.

If you have questions about this scholarship, contact Heidi Goldenberg in the Alumni Affairs Office at heidi.j.goldenberg@hofstra.edu or (516) 463-4134. For information about Financial Aid at Hofstra, call (516) 463-8000. For Hofstra University Admission requirements and application process, please visit: www.hofstra.edu/Admission.



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Criteria: full-time, undergraduate, matriculated Hofstra University student who has cystic fibrosis, or who has a family member stricken with the disease, or whose service and commitment to the prevention and cure of cystic fibrosis is exemplary.

Please type. Note: if you have already been awarded this scholarship, you do not need to reapply and will automatically be reconsidered.

Personal Information		
Name		HU ID # 70
Home Address		
City/State/Zip		
Phone ()	E-mail	
Campus address		Phone extension
Academic Information: Current Hofstra students - please attach Transfer students - please attach DAR New students - please attach high scho A. Class standing C. Major(s) and Minor(s)	R and complete A the cool transcript and co	ough E
D . Name of High School/College		
F. Class rank out of H. SAT scores: Verbal	students Math	G. GPA or ACT score:
Other Information:		
List, with dates, your extra-curricular your high school/college career:	activities and/or spe	cial honors or awards you have received during

	, with dates, your community service involvement and ide of school:	or other activities you have participated in
List,	, with dates, your work experience:	
List	any other scholarships or grants you earned and the ar	nount(s) received:
Plea have give exer	sonal Statement (one page): use explain why you should be considered for the Gunne been diagnosed with cystic fibrosis or if you have a fee examples of how your service and commitment to the implary. Ensure that your name is on the top of the state implete and sign this application and attach: FERPA Student Release consent form must be subcan be downloaded from: <a heidi.j.goldenberg@heidi.j.goldenberg.gol<="" href="https://www.hofstra.edu/pdf/aca</th><th>amily member stricken with the disease, or prevention and cure of cystic fibrosis is ment page and attached to this application. mitted along with this application. This form drec_FERPA.pdf. On this form, fill in Name</th></tr><tr><td>2.</td><td>of Authorized Person: <i>Gunnar H. Esiason Scholar</i> Copy of your current transcript or DAR / Degree W <i>transcripts</i>.</td><td></td></tr><tr><td>3.</td><td>Two (2) letters of recommendation. <i>Preference is fasignature. In the case that this is not possible, we we from the recommenders</i></td><td></td></tr><tr><td>4.</td><td>Personal statement. nd your completed application to <td>ofstra.edu.</td>	ofstra.edu.
	s completed application must be submitted by 4:00 pm plarship award for the next academic year. Thank you.	Friday, June 6, 2025 to be considered for a
Stud	lent's signature	Date
Pare	ent's signature (for high school students only)	 Date