



## Supplemental Application

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Social Security Number

Please answer one of the two essay questions below and indicate which question is being answered, or attached and submit a personal statement. Please mail this Supplemental Application to SUNY College at Old Westbury, Office of Enrollment Services, P.O. Box 307, Old Westbury, New York 11568.

- A) Please describe the challenges you expect to face at the *College at Old Westbury* and how you are prepared to meet those challenges.
- B) Please describe an experience that has impacted your educational goals, and explain how the *College at Old Westbury* can help you accomplish them.