

**Scarsdale Public School District**  
**MILITARY VOTER**  
**APPLICATION FOR PERSONAL REGISTRATION**

*The application must be received by the District Clerk no later than April 21, 2025, at 5:00 p.m.*

I, \_\_\_\_\_, being affirmed, say:

My Scarsdale Public School District address is: \_\_\_\_\_

My military address is: \_\_\_\_\_

I am a qualified military voter of the Scarsdale School District in which I reside; I am or will be eighteen (18) years of age or over on May 20, 2025; I am a citizen of the United States; and have or will have resided in the District for thirty (30) days next preceding May 20, 2025. I am a military voter in military service and by reason of such military service I will be absent on the day of registration or election, or I will be discharged from such military service within 30 days of the election, or I am an eligible spouse, parent, child, or dependent of a military voter.

If you would like to request a military absentee ballot application form, please indicate your preferred method of receipt:

- ☐ Email application to me at \_\_\_\_\_
- ☐ Fax application to me at \_\_\_\_\_
- ☐ Mail the application to me at the above military mailing address.

**I HEREBY DECLARE THAT THE FOREGOING IS A TRUE STATEMENT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I UNDERSTAND THAT IF I MAKE ANY MATERIAL FALSE STATEMENT IN THE FOREGOING STATEMENT OF APPLICATION FOR PERSONAL REGISTRATION, I SHALL BE GUILTY OF A MISDEMEANOR.**

\_\_\_\_\_  
Signature of Voter or Mark

\_\_\_\_\_  
Date

Please mail your application to the District Office at Scarsdale Public Schools, 2 Brewster Road, Scarsdale, New York 10583 OR you can email it to the District Clerk at **hadams@scarsdaleschools.org**