MISSING INFORMATION MAY DISQUALIFY APPLICANTS

CSEA / LOCAL 1000 AFSCME, AFL-CIO

IRVING FLAUMENBAUM MEMORIAL SCHOLARSHIP APPLICATION

HIGH SCHOOL SENIORS

• MAIL TO: SCHOLARSHIP COMMITTEE, CSEA, 143 WASHINGTON AVENUE, ALBANY, NEW YORK 12210 •

FAILURE TO COMPLETE ALL ITEMS or ILLEGIBLE PRESENTATION WILL DETRACT FROM YOUR SCORE.

NOTE: If additional space is needed to answer any of the following questions, please attach additional sheets of paper — ONLY IF NECESSARY

1	APPLICANT'S Name:	APPLICANT'S Phone Number: ()				
	APPLICANT'S Address:					
	ZIP:					
2	Applicant MUST complete ALL parts of question 2 on the	nis form AND attach transcript with test / score verification.				
2 a	High School Name:High School Address:ZIP:	*If grade average system is other than 100% maximum-based, indicate Applicant's Current cumulative grade average of possible				
	High School Graduation Date:	possible maximum base				
• 7	HIS APPLICATION PROVIDES AUTOMATIC ENROLLMENT FOR PEARL CARRO	DLL & ASSOC./ MET LIFE SCHOLARSHIPS WHICH ARE BASED ON SCHOLASTIC ACHIEVEMENT •				
2b	Applicant's Numerical Class Rank Total number of students in graduating class Applicant's Percentage Rank in that class:%	TEST SCORES: S.A.T. Critical Reading: Math: Writing: Total: Date taken: or A.C.T. English: Math: Science: Reading: Comp: Total: Date taken:				
3	PARENT / GUARDIAN INFORMATION: Section 3a MUST	be completed in full, all parts, for both parents.				
	• MEMBERSHIP, TITLE and LOCAL and SALARY information MUST BE COMPLETED •					
3a						
_	MOTHER'S NAME	FATHER'S NAME				
	MOTHER'S EMPLOYER	FATHER'S EMPLOYER				
-	MOTHER'S JOB TITLE	FATHER'S JOB TITLE				
-	10-DIGIT CSEA ID NUMBER	10-DIGIT CSEA ID NUMBER				
CS	EA MEMBER? []Yes []No CSEA Local #	CSEA MEMBER? []Yes []No CSEA Local #				
	MOTHER'S ANNUAL SALARY	FATHER'S ANNUAL SALARY				
	[] separated	[] separated [] divorced [] deceased				
3b	ther parent suffered ACCIDENTAL DEATH (in relation to job duties) and while an active CSEA died while an active CSEA member (D.M.**), OR is NOW a totally disabled "gratuitous" mem ND remains totally and permanently disabled (D.I.S.**) — COMPLETE SECTIONS 3a and 3b tion.					
	Refer to Section 3a instructions above and check appropriate box	_				
	Indicate Date of Occurrence of incident checked	□ **D.M. □ **D.I.S.				
4a	Number of dependent children in family: Does this include	applicant?				
4 b	Number of dependent children in family who will be attending college	e next year: (include applicant)				

5	SPECIAL NEEDS (If you have a special need because of extenuating circumstances, impairments or handicaps not described elsewhere, please explain)						
6	Name of college or school applicant plans on attending: College or school location: CITY STATE Has applicant been accepted yet? [] YES [] NO						
7		(annual amount) (Scholarship Nan(Scholarship Nan					
8 (Present)	mo / yr mo / yr 2. From to mo / yr 3. From to mo / yr	BUSINESS or EMPLOYER'S NAME		SALARY	HOURS WORKED WEEKLY		
9	Please fill out Questions 10 – 13 <u>individually</u> , <i>i.e.</i> , not listed together and attached • School-related organizations and/or school-related extracurricular activities in which you have been active since entering high school:						
10	Non-school-related organizations and/or extracurricular activities in which you have been active since entering high school:						
11	List any awards you have received (in or out of school) since entering high school (i.e. student government, honors, citizenship, sports, community service, etc.)						
12	Leadership positions since entering high school:						
13	CAREER GOALS. Write a short sun	nmary of your career goals <i>on a separate p</i>	iece of paper.				

TRANSCRIPT / TEST SCORES: A current OFFICIAL high school transcript (including "S.A.T.-type" scores) must be attached to this application





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