



SCHOLARSHIP APPLICATION

2020

Irving Flaumenbaum
Memorial Scholarship



Pearl Insurance Scholarship



MetLife Scholarship



**Special Memorial
Scholarship Committee**

Tamara Witteman, Chairperson (Region 5)
Maria Navarro (Region 1)
Barbara Felder (Region 2)
Carole Jeannot (Region 3)
Karen Wilson (Region 4)
Renee Jackson (Region 6)

MARY E. SULLIVAN
President

cseany.org



2020 Irving Flaumenbaum Memorial Scholarship, Pearl Insurance and MetLife Scholarships

It is with great pleasure that we announce the **2020 Irving Flaumenbaum Memorial Scholarship Program**. High School Seniors who apply for the Flaumenbaum Scholarship are automatically in the running for the **Pearl Insurance and MetLife Insurance Company Scholarships**.

In total, \$23,000 in scholarship money is available to CSEA members' children. High School Seniors are eligible to apply.

The Irving Flaumenbaum Award will provide eighteen \$1,000 scholarships to graduating high school seniors; three in each region. Irving was a spirited CSEA activist for more than three decades. He was President of Long Island Region 1 and an AFSCME International Vice President at the time of his death.

The Pearl Insurance and MetLife Insurance Company Scholarships will provide two awards of \$2,500 each. The top 2% of scholastic achievers, based on high school average, class rank and SAT scores, will be selected to create the eligibility pool for this scholarship.

The Pearl Insurance Award is in memory of Charles Foster, a long-time CSEA activist who began with CSEA in the 1930's. Mr. Foster was also the first business officer of the SUNY system and, in recognition of that, this scholarship will be awarded to a graduating high school senior entering the SUNY system.

The MetLife Award is named for Joseph D. Lochner, CSEA's first employee and former Executive Director who spent over forty years in service to this union.

Application **deadline** is **April 15, 2020**. Winners will be notified in June and announced on the CSEA website.

Please read the instructions and complete the application accordingly.

*** Missing information may disqualify the applicant. ***

Sections 2a, 2b, 2c and 2d:

Please enter all scores, averages, etc. on the application.

- Scores will not be taken from your transcript — they **must** be written on the application.
- If the information is on your transcript, but not entered on the application **your application will be disqualified**. Do not write "see attached".

Sections 3, 3a:

Please enter both parents and/or legal guardian's information on the application.

- Salary for both parents and/or legal guardian is required.
- If one parent/guardian is retired, please include their retirement income.
- If you live in a single parent household or circumstances prevent you from knowing the salary, please check "other."

Sections 5 - 12:

Provide as much information about your awards, school and extracurricular activities for the committee to learn more about you.

Section 13:

A short essay up to 200 words based on your career goals is **required**.

Section 14:

Official Transcript is **required**.

CSEA Local 1000 AFSCME, AFL-CIO
2020 IRVING FLAUMENBAUM MEMORIAL SCHOLARSHIP APPLICATION
HIGH SCHOOL SENIORS

• MAIL TO: SCHOLARSHIP COMMITTEE, CSEA, 143 WASHINGTON AVENUE, ALBANY, NY 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
Address: _____

City State Zip

APPLICANT'S
Phone Number: (____) ____ - ____
MEMBER'S
Phone Number: (____) ____ - ____
APPLICANT'S
Email: _____

2 Applicant MUST complete ALL parts of question 2 on this form AND attach transcript with test/score verification.

2a High School Name: _____
High School
Address: _____

City State Zip
High School Graduation Date: _____

2c Applicant's current, indicate if [] weighted or [] unweighted
cumulative h.s. grade average _____%*
**If grade average is other than 100% maximum-based indicate
Applicant's 4.0 Base or + or - Base. (i.e. 100%, 4.0 or A_+)*
Current cumulative grade average _____ of possible
maximum base _____

- This application provides automatic enrollment for Pearl Insurance/MetLife 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 _____%

2d TEST SCORES:
S.A.T. Critical Reading: _____ Math: _____ Writing: _____
Total: _____ Date taken: _____ **OR**
A.C.T. English: _____ Math: _____ Science: _____ Reading: _____
Composite: _____ Total: _____ Date taken: _____

NOTE: Application will be disqualified if information is not entered on application.

3 PARENT/LEGAL GUARDIAN INFORMATION: Section 3a MUST be completed in full, all parts, for BOTH parents/legal guardians.

A legal guardian is someone who is financially responsible for the student.

• MEMBERSHIP, JOB TITLE, LOCAL NUMBER and SALARY information MUST BE COMPLETED •

3a _____
Parent/Legal Guardian #1 Name

Parent/Legal Guardian #1 Employer

Parent/Legal Guardian #1 Job Title

10-DIGIT CSEA ID NUMBER
CSEA MEMBER? [] Yes [] No CSEA LOCAL# _____
\$ _____
Parent/Legal Guardian #1 Annual Salary
[] separated [] divorced [] deceased [] other/single parent

Parent/Legal Guardian #2 Name

Parent/Legal Guardian #2 Employer

Parent/Legal Guardian #2 Job Title

10-DIGIT CSEA ID NUMBER
CSEA MEMBER? [] Yes [] No CSEA LOCAL# _____
\$ _____
Parent/Legal Guardian #2 Annual Salary
[] separated [] divorced [] deceased [] other/single parent

3b PARENT/LEGAL GUARDIAN INFORMATION: Please note: *If either parent suffered ACCIDENTAL DEATH (in relation to job duties) and while an active CSEA member (K.I.A. **), OR is DECEASED (unrelated to job duties) and died while an active CSEA member (D.M. **), OR is NOW a totally disabled "gratuitous" member of CSEA or WAS a "gratuitous" CSEA member for one year AND remains totally and permanently disabled (D.I.S. **) — COMPLETE SECTIONS 3a and 3b.*

- Refer to Section 3b instructions above and check appropriate box
 - Indicate Date of Occurrence _____ of incident checked
- **K.I.A. **D.M. **D.I.S.

4a Number of dependent children in family: _____
Does this include applicant? [] Yes [] No

4b Number of dependent children in family who will be attending college 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 Major: _____

7 CURRENT SCHOLARSHIPS:

[] N.Y.S. Regents: _____ (annual amount)

[] Other: _____ (Scholarship Name) _____ (annual amount)

_____ (Scholarship Name) _____ (annual amount)

8 WORK — List all work experience:

	PERIOD WORKED	BUSINESS or EMPLOYER'S NAME	JOB TITLE	SALARY	HOURS WORKED WEEKLY
(Present) 1.	From _____ to _____ mo / yr mo / yr	_____	_____	_____	_____
2.	From _____ to _____ mo / yr mo / yr	_____	_____	_____	_____
3.	From _____ to _____ mo / yr mo / yr	_____	_____	_____	_____
4.	From _____ to _____ mo / yr mo / yr	_____	_____	_____	_____

9

- Please fill out Questions 9 - 13 individually -

School-related organizations and/or school-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 essay (up to 200 words) of your career goals on a separate piece of paper. — **REQUIRED**

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

• FILING DEADLINE IS APRIL 15 •

ALL INFORMATION IS CONFIDENTIAL AND WILL BECOME THE PROPERTY OF CSEA

CSEA, Inc. Local 1000 AFSCME, AFL-CIO

