

SOUTHERN REGION 3 ANNUAL SCHOLARSHIP APPLICATION

HIGH SCHOOL SENIORS

• MAIL TO: CSEA REGION 3 SCHOLARSHIP, 568 STATE ROUTE 52, BEACON, NY 12508 •

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: (____) _____ - _____
AREA CODE

APPLICANT'S Address: _____
 _____ ZIP: _____

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: _____
 _____ ZIP: _____
 High School Graduation Date: _____

2b Applicant's current, cumulative H.S. grade average ____%*
 *If grade average system is other than 100% maximum-based, indicate Applicant's...
 Current cumulative grade average ____ of possible maximum base ____

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 _____ MOTHER'S 10-DIGIT CSEA ID NUMBER _____ MOTHER'S EMPLOYER _____ MOTHER'S JOB TITLE CSEA MEMBER? [] Yes [] No CSEA Local # _____	_____ FATHER'S NAME _____ FATHER'S 10-DIGIT CSEA ID NUMBER _____ FATHER'S EMPLOYER _____ FATHER'S JOB TITLE CSEA MEMBER? [] Yes [] No CSEA Local # _____
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3b PARENT / 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. All information is needed for deceased parents membership verification.

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

4 Write/type an essay telling us about yourself, career path and where you see yourself in five years. Failure to submit essay will result in **automatic disqualification**.

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 Please attach a copy of acceptance letter.

7 OTHER SCHOLARSHIPS: Include all scholarships that have been awarded as of the date of this application.
[] N.Y.S. Regents: _____ (annual amount)
[] Other: _____ (Scholarship Name) _____ (annual amount) One-time amount Annual award
_____ (Scholarship Name) _____ (annual amount) One-time amount Annual award

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 School-related organizations and/or school-related extracurricular activities in which you have been active since entering high school:

• Please fill out Questions 10 – 13 individually, i.e., not listed together and attached •

10 Non-school-related organizations and/or extracurricular activities in which you have been active since entering high school (including community service):

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/type a short summary of your career goals on a separate piece of paper. (Minimum of 250 words.)

14 TRANSCRIPT / TEST SCORES: A current OFFICIAL high school transcript must be attached to this application. Take this completed application to your school's registrar or guidance office and have THE SCHOOL mail the completed application along with the transcript.

• FILING DEADLINE IS MAY 29, 2020 •



ALL INFORMATION IS CONFIDENTIAL AND WILL BECOME THE PROPERTY OF CSEA
CSEA Local 1000 AFSCME, AFL-CIO