

# SOUTHERN REGION 3 ANNUAL SCHOLARSHIP APPLICATION

## HIGH SCHOOL SENIORS

• **MAIL TO:** CSEA REGION 3 SCHOLARSHIP, 568 STATE ROUTE 52, BEACON, NY 12508 **OR EMAIL TO:** csearegion3@cseainc.org •

**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

<b>1</b>	APPLICANT'S Name: _____ APPLICANT'S Address: _____ _____ ZIP: _____	APPLICANT'S Phone Number: (____) _____ - _____ <small style="margin-left: 100px;">AREA CODE</small>
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**2 Applicant MUST complete ALL parts of question 2 on this form AND attach transcript with test / score verification.**

<p><b>2a</b> High School Name: _____                  High School Address: _____                  _____ ZIP: _____                  High School Graduation Date: _____</p>	<b>2b</b>	Applicant's current, cumulative H.S. grade average ____%* <i>*If grade average system is other than 100% maximum-based, indicate Applicant's...</i> Current cumulative grade average ____ of possible maximum base ____
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**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 •

<b>3a</b>	_____ <small style="text-align: center;">MOTHER'S NAME</small> _____ <small style="text-align: center;">MOTHER'S 10-DIGIT CSEA ID NUMBER</small> _____ <small style="text-align: center;">MOTHER'S EMPLOYER</small> _____ <small style="text-align: center;">MOTHER'S JOB TITLE</small> CSEA MEMBER? [ ] Yes [ ] No CSEA Local # _____		_____ <small style="text-align: center;">FATHER'S NAME</small> _____ <small style="text-align: center;">FATHER'S 10-DIGIT CSEA ID NUMBER</small> _____ <small style="text-align: center;">FATHER'S EMPLOYER</small> _____ <small style="text-align: center;">FATHER'S JOB TITLE</small> 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.\*\*)

All information is needed for deceased parents membership verification.

- Refer to Section 3a instructions above and check appropriate box  \*\*K.I.A.
- Indicate Date of Occurrence \_\_\_\_\_ of incident checked  \*\*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 JUNE 11, 2021** •



ALL INFORMATION IS CONFIDENTIAL AND WILL BECOME THE PROPERTY OF CSEA

CSEA Local 1000 AFSCME, AFL-CIO