

# 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

**1** APPLICANT'S Name: \_\_\_\_\_  
APPLICANT'S Address: \_\_\_\_\_  
\_\_\_\_\_ Zip: \_\_\_\_\_

APPLICANT'S Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
area code

**2 Applicant MUST complete ALL parts of question 2 on this form.**

**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.**

**3a** MEMBERSHIP, TITLE, and LOCAL and SALARY information MUST BE COMPLETED

\_\_\_\_\_  
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 # \_\_\_\_\_

**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 was a "gratuitous" CSEA member for one year AND remains totally 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  \*\*K.I.A.
- Indicate Date of Occurrence \_\_\_\_\_ of incident checked  \*\*D.M.
- \*\*D.I.S.

**4** Write/type as 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 application plans on attending: \_\_\_\_\_  
 College or school location: \_\_\_\_\_  
 Has applicant been accepted yet?  Yes  No **Please attach a copy of the 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 extracurricular activities in which you have been active since entering high school:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10**

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

**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 SHORT SUMMARY:** On a separate piece of paper, write/type a short summary of what union membership has meant to your family (minimum 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 MARCH 29, 2024 •**

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