



Jarvis Brown, President

2024 CSEA REGION ONE SCHOLARSHIP FUND

APPLICATION GUIDELINES

General Information

What is the amount of the scholarship?

The CSEA Region One Scholarship will award three (3) \$2,000 scholarships to graduating high school seniors.

Who is eligible to apply for the scholarship?

Any high school senior of a full-time or part-time CSEA member or CSEA retiree (who is legal guardian) in good standing.

How do I apply for the scholarship?

- You must submit your completed application to the Region One Scholarship Committee.
- The application with the supporting documentation must be **delivered** to the CSEA Region One office on or before **3:00pm, Tuesday, May 21, 2024.**
- **The application must be legible.** A typed application will be easier for the scholarship committee to read but is not mandatory. The Personal Statement **must** be typed.
- The completed application will contain the following items collated and stapled in the following order:
 - Application form completed and signed.
 - Write a short essay (**up to 250 words on separate sheet of paper**) describing your career goals and why you think you are the best candidate for the scholarship. **REQUIRED**

Where do I send the completed application?

- Mailed applications can be sent to the address below:

**Region One Scholarship Committee
3 Garet Place
Commack, NY 11725**

What is the decision-making process?

A scholarship review panel, consisting of CSEA Region One members, will review and rate the applications. Prior to review by the panel, all personal information is removed from the application so that the author is anonymous. The scholarship review panel is a completely separate entity from the permanent scholarship committee and the two groups may not have members in common.

Who do I call if I have a question?

If you have any questions about the scholarship application or process, please feel free to contact the Region office at (631) 462-0030.

What are the relevant dates and deadlines?

- **Tuesday, May 21, 2024**
 - The completed application must be postmarked or submitted to the CSEA Region One office.
- **Saturday, June 8, 2024**
 - The awards will be given to the winners by CSEA Region One President Jarvis Brown at our Annual International Day Festival.
 - CSEA will post the names of the scholarship recipients on the CSEA Region One website: www.cseany.org/R1 and on CSEA Long Island Region One's Facebook page.



Jarvis Brown, President

**CSEA REGION ONE SCHOLARSHIP FUND
Graduating High School Seniors**

APPLICATION

Part I. Applicant's Personal Information:

First Name	Middle	Last Name	
Street Address			Apt. No.
City/Town		NY	Zip Code
Home Phone No.		Cell Phone No.	
Email Address			
Name of CSEA Member		CSEA Member's Local Number	
Relationship of applicant to named CSEA member (i.e., son, daughter, grandchild)			

II. Education: Note: Application will be disqualified if information is not entered on application.

High School Name: _____

Applicant's current, indicate if [] weighted or [] unweighted

High School Address: _____

cumulative high school average _____%*

City State Zip

*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+)

High School Graduation Date: _____

Current cumulative grade average _____ if possible

Maximum base _____

Applicant's Numerical Class Rank: _____

TEST SCORES:

Total number of students in graduating class: _____

S.A.T. Critical Reading: _____ Math: _____ Writing: _____

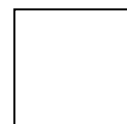
Applicant's Percentage Rank in that class: _____%

Total: _____ Date taken: _____ **OR**

A.C.T. English: _____ Math: _____ Science: _____

Reading: _____ Composite: _____

Total: _____ Date taken: _____



III. Certification (to be signed by all applicant's):

I have read and understand the enclosed information. I affirm that the information which I have provided on this application form and any additional material that I submit related to the scholarship process is complete, accurate, and true to the best of my knowledge. **I also understand that furnishing false information may result in revocation of my scholarship.**

Applicant's Signature

Date

IV. Volunteer Work:

Describe any volunteer work in which you participated. Include the name of the organizations with which you volunteered. If you have helped individuals or family members include this here as well. You may also include extracurricular school activities. (Attach additional sheets if necessary)

V. Awards or Special Recognitions:

Please list any awards or special recognitions that you have received. (Attach additional sheets if necessary)

VI. Personal Statement:

Please attach a 250-word autobiographical essay, which describes your significant experiences, community involvement, and the qualities of character and leadership important to achieving your career goals. Include the importance of family and community in your life. Highlight those personal accomplishments, achievements, and experiences that have given you considerable satisfaction and have helped to form your character. Be sure to comment on your aspirations in terms of your educational and career goals. Finally, explain the difference receiving a scholarship would mean to your life. **If your essay is not at least 250 words, your application will not be considered for a scholarship.**

VII. Proof of College Acceptance:

Name of college or school applicant plans on attending: _____

College or school location: City: _____ State: _____

Is your proof of college or school acceptance attached? [] Yes [] No

Major: _____

VIII. Parent/Legal Guardian Information: Section VIII ***MUST*** be completed in full, all parts, for ***BOTH*** parents/legal guardians/grandparents who are legal guardians to their grandchildren. A legal guardian is someone who is financially responsible for the student.

MEMBERSHIP, JOB TITLE, LOCAL NUMBER AND SALARY INFORMATION MUST BE COMPLETED

Parent/Legal Guardian/Grandparent #1 Name

Parent/Legal Guardian/Grandparent #2 Name

Parent/Legal Guardian/Grandparent #1 Employer

Parent/Legal Guardian/Grandparent #2 Employer

Parent/Legal Guardian/Grandparent #1 Job Title

Parent/Legal Guardian/Grandparent #2 Job Title

10-Digit CSEA ID Number

10-Digit CSEA ID Number

CSEA MEMBER? [] Yes [] No **CSEA LOCAL #** _ _ _

CSEA MEMBER? [] Yes [] No **CSEA LOCAL #** _ _ _

\$ _____
Parent/Legal Guardian/Grandparent #1 Annual Salary

\$ _____
Parent/Legal Guardian/Grandparent #2 Annual Salary

[] separated [] divorced [] deceased [] other/single parent

[] separated [] divorced [] deceased [] other/single parent

• FILING DEADLINE IS MAY 21ST •