

John J. Kelly Memorial Scholarship Application**For CSEA members and the dependants of CSEA members****Mail to: Scholarship Committee, CSEA, 143 Washington Avenue, Albany, New York 12210****Applicant Information****1**

Name: _____

Phone Number: (____) _____ - _____

Address: _____

area code

Zip: _____

Email: _____

Membership Information**2**

Your Name

Parent(s)/Guardian(s) Name

Your Employer

Parent(s)/Guardian(s) Employer

Your Job Title

Parent(s)/Guardian(s) Job Title

Your 10-Digit CSEA ID Number

Parent(s)/Guardian(s) 10-Digit CSEA ID Number

Education**3**

High School Name: _____

College Name: _____

High School Address: _____

College Address: _____

Zip: __________
Zip: _____

High School Graduation Date: _____ GPA: _____

College Graduation Date: _____ GPA: _____

Military or Public Service Positions**4****Military****EMT/Fire****Other**

Branch

Branch

Branch

Rank

Rank

Rank

Dates of Service

Dates of Service

Dates of Service

ID Number

ID Number

ID Number

Household**5**

TOTAL family income from THIS YEAR'S Federal Income Tax Return: \$_____

Number of dependent children in family: _____

Number of dependent children in family who will be attending college next year: _____ (include applicant)

Does this include applicant? ☐ Yes ☐ No**Continued →**

Special Needs

6 Special needs (if you have a special need because of extenuating circumstances, impairments or handicaps not described elsewhere, please explain)

Previous Scholarships

7 [] N.Y.S. Regents: _____ (annual amount) [] Other: _____ (Scholarship Name) _____ (annual amount)
[] Other: _____ (Scholarship Name) _____ (annual amount) [] Other: _____ (Scholarship Name) _____ (annual amount)

Trade School/College Expenses

8 How Are You Meeting Annual College Expenses? (Check All Appropriate. Use Approximate Percent Of Total College Expenses):

Scholarships _____% Employer _____% Family Loans _____%
Financial Institution Loans _____% Work Study or Grants-in-Aid _____% Other _____% Specify _____

Work

9 LIST MOST RECENT WORK EXPERIENCE SINCE GRADUATING HIGH SCHOOL. (LAST JOB FIRST):

	Period Worked	Business or Employer's Name	Union?	Job Title	Salary	Hours worked weekly
(Present) 1. From _____ to _____	mo / yr mo / yr	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____	_____
2. From _____ to _____	mo / yr mo / yr	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____	_____
3. From _____ to _____	mo / yr mo / yr	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____	_____

Union-Related Activities

10 Union-related organizations and/or extracurricular activities in which you have been active:

Awards

11 List any scholastic awards you have received:

Career Goals

12 Write a short summary of your career goals. (Use separate sheet of paper):

TRANSCRIPT: A current high school or college transcript must be attached to this application.

• FILING DEADLINE IS APRIL 15, 2025 •

FAILURE TO COMPLETE ALL ITEMS or ILLEGIBLE PRESENTATION MAY DETRACT FROM YOUR SCORE.

NOTE: If additional space is needed to answer any of the above questions, please attach additional sheets

Rev. 1/25