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

Note	Failure to complete all items or illegible : If additional space is needed to answer any of the following qu							
1	APPLICANT'S Name: APPLICANT'S Address: Zip:		APPLICANT'S Phone Number: ()					
2	Applicant MUST complete ALL parts of question 2 on this form.							
2a	High School Name: Zip: Zip:	2b	Applicant's current, cumulative H.S. grade average%* *If grade average system is other than 100% maximum- based, indicate Applicant's weighted _ unweighted Current cumulative grade average of possible maximum base					
3	PARENT/GUARDIAN INFORMATION: Section 3a MUST be	complete	d in full, all parts, for both parents.					
3 a	MEMBERSHIP, TITLE, and LOCAL	informati						
	Mother's Name Mother's 10-Digit CSEA ID Number		Father's Name Father's 10-Digit CSEA ID Number					
	Mother's Employer		Father's Employer					
	Mother's Job Title CSEA Member?	Father's Job Title CSEA Member?						
3b	PARENT/GUARDIAN INFORMATION: Please note – If either parent suffered ACCIDENTAL DEATH (in relation to job duties) 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 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 **L.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 <u>automatic disqualification</u> .							
5	Special needs (if you have a special need because of extenuating circum	nstances, im	pairments or handicaps not described elsewhere, please explain)					

	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:	(Sch	olarship Name)	(annual amount)	☐ One-time amount ☐ Annual award				
		(Scholarship Name)		(annual amount)	☐ One-time amount ☐ Annual award				
8	WORK: List all work expe	rience.				Hours worked			
	Period Worked	Business or Empl	oyer's Name	Job Title	Salary	weekly			
(Present)	1. From to to				<u> </u>				
	2. From to								
	3. From to								
	mo/yr mo/yr 4. From to								
	mo/yr mo/yr								
10	Please fill out Questions 10-13 <u>individually</u> , 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, citizens 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/COLLEGE ACCEPTANCE LETTER: A current OFFICIAL high school transcript must be attached to this application as well as a college acceptance letter. Take this completed application to your school's registrar or guidance office and have THE SCHOOL mail the completed application along with the transcript.								

Name of college or school application plans on attending: _____

College or school location: _

• FILING DEADLINE IS APRIL 15, 2025 •