

CSEA, LOCAL 1000 AFSCME, AFL-CIO

SOUTHERN REGION 3 ANNUAL SCHOLARSHIP APPLICATION

HIGH SCHOOL SENIORS

MAIL TO: CSEA REGION 3 SCHOLARSHIP, 568 STATE ROUTE 52, BEACON, NY 12508

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

<p>1 APPLICANT'S Name: _____</p> <p>APPLICANT'S Address: _____</p> <p style="text-align: right;">ZIP: _____</p>	<p>APPLICANT'S Phone Number: (____) _____ - _____</p> <p style="text-align: center;">AREA CODE</p>
--	---

2 Applicant **MUST** complete ALL parts of question 2 on this form AND attach transcript with test / score verification.

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

3 **PARENT / GUARDIAN INFORMATION:** Section 3a **MUST** be completed in full, all parts, for both parents.

<p>• MEMBERSHIP, TITLE and LOCAL information MUST BE COMPLETED •</p>	
<p>_____ MOTHER'S NAME</p> <p>_____ MOTHER'S CSEA ID NUMBER</p> <p>_____ MOTHER'S EMPLOYER</p> <p>_____ MOTHER'S JOB TITLE</p> <p>CSEA MEMBER? <input type="checkbox"/> Yes <input type="checkbox"/> No CSEA Local # _____</p> <p>\$ _____ MOTHER'S ANNUAL SALARY</p> <p><input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> deceased</p>	<p>_____ FATHER'S NAME</p> <p>_____ FATHER'S CSEA ID NUMBER</p> <p>_____ FATHER'S EMPLOYER</p> <p>_____ FATHER'S JOB TITLE</p> <p>CSEA MEMBER? <input type="checkbox"/> Yes <input type="checkbox"/> No CSEA Local # _____</p> <p>\$ _____ FATHER'S ANNUAL SALARY</p> <p><input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> deceased</p>

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.**). — COMPLETE SECTIONS 3a and 3b. All information is needed for deceased parents membership verification.

- Refer to Section 3a instructions above and check appropriate box
- Indicate Date of Occurrence _____ of incident checked

- **K.I.A.
- **D.M.
- **D.I.S.

4 Write/type a 500 word essay telling us about yourself and what the union means to you and your family, (Count of words will be strictly adhered to). Failure to submit essay will result in automatic disqualification.

5a Number of dependent children in family (include applicant): _____

5b Number of dependent children in family who will be attending college next year: *(include applicant)*

6 SPECIAL NEEDS (If you have a special need because of extenuating circumstances, impairments or handicaps not described elsewhere, please explain)

7 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.*

8 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 award ■ Annual award
 _____ (Scholarship Name) _____ (annual amount) ■ One-time award ■ Annual award

9 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	_____	_____	_____	_____

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

10 School-related organizations and/or school-related extracurricular activities in which you have been active since entering high school:

11 Non-school-related organizations and/or extracurricular activities in which you have been active since entering high school (including community service):

12 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.)

13 Leadership positions since entering high school:

14 CAREER GOALS. Write/type a short summary of your career goals on a separate piece of paper. (Minimum of 250 words)

15 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 APRIL 22, 2017 ***



ALL INFORMATION IS CONFIDENTIAL AND WILL BECOME THE PROPERTY OF CSEA

C S E A / L o c a l 1 0 0 0 A F S C M E , A F L - C I O