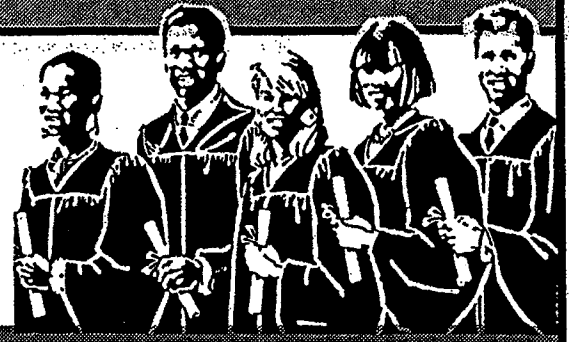


COLLEGE SCHOLARSHIPS



will award

18



IRVING FLAUMENBAUM MEMORIAL SCHOLARSHIPS

(Three \$1000 Scholarships in each of CSEA's six Regions)

1

PEARL CARROLL & ASSOCIATES AWARD *in memory of Charles Foster*

(One \$2,500 award to a high school student entering SUNY System)

1

MET LIFE AWARD *in memory of Joseph D. Lochner*

(One \$2,500 award not limited to a student entering SUNY)

for children of CSEA-represented employees
in New York State who are graduating high school seniors

Applications Available from CSEA Representatives:

TERRI VECCHIO (315) 793-6046
+vecchio334@ROADRUNNER.com

ONE APPLICATION INCLUDES ALL SCHOLARSHIPS!

FILING DEADLINE IS APRIL 17th

WINNERS WILL BE ANNOUNCED IN JUNE IN CSEA's NEWSPAPER, *The Work Force*

IRVING FLAUMENBAUM MEMORIAL SCHOLARSHIP APPLICATION

HIGH SCHOOL SENIORS

• MAIL TO: SCHOLARSHIP COMMITTEE, CSEA, 143 WASHINGTON AVENUE, ALBANY, NEW YORK 12210 •

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** Social Security No. _____ - _____ - _____

APPLICANT'S Address: _____ **APPLICANT'S** Phone Number: (_____) _____ - _____

ZIP: _____ AREA CODE

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

2a High School Name: _____ **2c** Applicant's current, cumulative h.s. grade average _____%*

High School Address: _____ *If grade average system is other than 100% maximum-based, indicate Applicant's...

ZIP: _____ Current cumulative grade average _____ of possible possible maximum base _____

High School Graduation Date: _____

• THIS APPLICATION PROVIDES AUTOMATIC ENROLLMENT FOR PEARL CARROLL & ASSOC./MET LIFE SCHOLARSHIPS WHICH ARE BASED ON SCHOLASTIC ACHIEVEMENT •

2b Applicant's Numerical Class Rank _____ **2d** **TEST SCORES:**

Total number of students in graduating class _____ S.A.T. Critical Reading: _____ Math: _____ Writing: _____ Total: _____

Applicant's Percentage Rank in that class: _____% Date taken: _____

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

Reading: _____ Comp: _____ Total: _____ Date taken: _____

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

• MEMBERSHIP, TITLE and LOCAL and SALARY information MUST BE COMPLETED •

3a

<p>_____ MOTHER'S NAME</p> <p>_____ MOTHER'S SOCIAL SECURITY NUMBER</p> <p>_____ MOTHER'S EMPLOYER</p> <p>_____ MOTHER'S JOB TITLE</p> <p>CSEA MEMBER? [] Yes [] No CSEA Local # _____</p> <p>\$ _____ MOTHER'S ANNUAL SALARY</p> <p>[] separated [] divorced [] deceased</p>	<p>_____ FATHER'S NAME</p> <p>_____ FATHER'S SOCIAL SECURITY NUMBER</p> <p>_____ FATHER'S EMPLOYER</p> <p>_____ FATHER'S JOB TITLE</p> <p>CSEA MEMBER? [] Yes [] No CSEA Local # _____</p> <p>\$ _____ FATHER'S ANNUAL SALARY</p> <p>[] separated [] divorced [] deceased</p>
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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 **K.I.A.
- Indicate Date of Occurrence _____ of incident checked **D.M.
- **D.I.S.

4a Number of dependent children in family: _____ Does this include applicant? Yes No

4b Number of dependent children in family who will be attending college next year: _____ (include applicant)

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 applicant plans on attending: _____

College or school location: _____ CITY _____ STATE _____

Has applicant been accepted yet? YES NO

7 CURRENT SCHOLARSHIPS:

N.Y.S. Regents: _____ (annual amount)

Other: _____ (Scholarship Name) _____ (annual amount)

_____ (Scholarship Name) _____ (annual amount)

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	_____	_____	_____	_____

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

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

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

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 CAREER GOALS. Write a short summary of your career goals on a separate piece of paper.

14 TRANSCRIPT/ TEST SCORES: A current OFFICIAL high school transcript (including "S.A.T.-type" scores) 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 and verification of S.A.T. scores.

• FILING DEADLINE IS APRIL 17th •