

### College Scholarships

CSEA will award the following college scholarships for children of CSEA represented employees in New York State who are graduating high school seniors:

## Irving Flaumenbaum Memorial Scholarship

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

# Pearl Carroll & Associates Award in memory of Charles Foster

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

### Met Life Award in memory of Joseph D. Lochner

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



WINNERS WILL BE ANNOUNCED IN THE JULYIAUGUST EDITION OF CSEA'S NEWSPAPER, The Work Force.

**Applications Available from CSEA Representatives:** 

ONE APPLICATION INCLUDES ALL SCHOLARSHIPS!

Filing Deadline is April 15



CSEA / LOCAL 1000 AFSCME, AFL-CIO

#### 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 APPLICANT'S APPLICANT'S Name: \_ Phone Number: ( **APPLICANT'S** Address: **APPLICANT'S** Email: ZIP: \_\_ Applicant MUST complete ALL parts of question 2 on this form AND attach transcript with test / score verification.  $2 {
m c}$  Applicant's current, cumulative h.s. grade average  $\_\_$ High School Name: \*If grade average system is other than 100% maximum-based, indicate Applicant's... High School Address: \_ Current cumulative grade average \_\_\_\_ of possible High School Graduation Date: \_\_ possible maximum base \_ THIS APPLICATION PROVIDES AUTOMATIC ENROLLMENT FOR PEARL CARROLL & ASSOC./ MET LIFE SCHOLARSHIPS WHICH ARE BASED ON SCHOLASTIC ACHIEVEMENT • TEST SCORES: S.A.T. Critical Reading: \_\_\_\_ Math: \_\_\_\_ Writing: \_\_\_\_ Total: \_\_\_\_ 2b 2dApplicant's Numerical Class Rank Total number of students in graduating class \_ Date taken: \_\_\_ Applicant's Percentage Rank in that class: \_\_\_\_\_% A.C.T. English: \_\_\_\_ Math: \_\_\_\_ Science: \_\_ \_ Comp: \_\_\_ \_ Total: \_\_\_\_ Date taken: \_\_\_ 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 MOTHER'S NAME FATHER'S NAME MOTHER'S EMPLOYER FATHER'S EMPLOYER FATHER'S JOB TITLE MOTHER'S JOB TITLE 10-DIGIT CSEA ID NUMBER 10-DIGIT CSEA ID NUMBER CSEA MEMBER? [ ] Yes [ ] No CSEA Local # \_\_\_ \_\_\_ CSEA MEMBER? [] Yes [] No CSEA Local # \_\_\_\_ \_\_ FATHER'S ANNUAL SALARY MOTHER'S ANNUAL SALARY [ ] separated [ ] divorced [ ] separated [ ] divorced 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. \*\*D.M, Indicate Date of Occurrence \_\_\_\_ \_\_\_\_ of incident checked \*\*D.I.S. Number of dependent children in family: \_\_\_\_\_ Does this include applicant? ☐ No 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:
	Has applicant been accepted yet? [ ] YES [ ] NO
7	CURRENT SCHOLARSHIPS:
	[ ] N.Y.S. Regents: (annual amount)
	[ ] Other: (Annual amount)
	(Scholarship Name)(annual amount)
8	WORK. List all work experience:
	HOURS WORKED PERIOD WORKED BUSINESS OF EMPLOYER'S NAME JOB TITLE SALARY WEEKLY
(Present)	1. From to
	2. From to
	3. From to
	4. From to
9	Please fill out Questions 10 – 13 individually, i.e., not listed together and attached •  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:
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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 essay (up to 200 words) of your career goals on a separate piece of paper.

• FILING DEADLINE IS APRIL 15, 2016 •

TRANSCRIPT / TEST SCORES: A current OFFICIAL high school transcript (including "S.A.T.-type" scores) must be attached to this application



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