## LT. MICHAEL D. CARRAWAY MEMORIAL SCHOLARSHIP PROGRAM

Named in memory of Retired Local President Sharon Carraway's husband, a Utica Police Department Lieutenant and Union Activist, who died unexpectedly in 1994.

AWARD <u>Academic Scholarship</u> - Two \$1,000.00 Scholarships

<u>CATEGORIES</u> (Must have a minimum of 85 average and above to apply)

<u>Financial Assistance Scholarship</u> One \$1000.00 Scholarship (Must have a minimum of 80 average and above to apply)

APPLICATIONS Available on-line at www.cseajudiciary.org or by writing to:

Catrina Leone, Chair Local 334 Scholarship

3104 Oneida Street, Sauquoit, NY 13456 or

E-Mail - Catrina@csealocal334.com

ELIGIBILITY Graduating High School Senior and must be a child or legal

dependent of a Court employee represented by Judiciary Local 334 and will be continuing their education at an accredited institution

of higher education.

FILING

DEADLINE Applications must be received by May 1, 2023 no exceptions.

WINNERS SELECTED IN MAY AWARDS PRESENTED IN JUNE

## CIVIL SERVICE EMPLOYEES ASSOCIATION, INC. JUDICIARY LOCAL 334 MEMORIAL SCHOLARSHIP APPLICATION In Memory of Lt. Michael D. Carraway

MAIL TO: Scholarship Committee c/o Catrina Leone, Chair, 3104 Oneida Street Sauquoit, NY 13456.

E-mail questions to: Catrina@csealocal334.com.

## \*INCOMPLETE/ILLEGIBLE APPLICATIONS WILL BE DISQUALIFIED FROM CONSIDERATION. ALL QUESTIONS MUST BE ANSWERED COMPLETELY\*

**SCHOLARSHIP CRITERIA:** Academic Standing, Extracurricular, Scholastic, Community, Volunteer Activities, and Financial Need

(Please select scholarship applying for below, must have a minimum of an 85 average to apply for Academic Scholarship and a minimum of an 80 average to apply for Financial Assistance Scholarship)

	Academic Scholarship	Financial Assistance Scholarship
	Applicant: e:	
Addr	ess	Phone No. ()
City:	Zip	_
Appli	icant Email Address:	
2.	High School Name:	
High	School Address:	
High	School Graduation Date:	
Appli	icant's current cumulative H.	S. grade average % +

## not CSEA Member Father's Name: Mother's Name: CSEA Member ID #\_\_\_\_\_ CSEA Member ID #\_\_\_\_\_ Mother's Work Location City:\_\_\_\_\_ Father's Work Location City:\_\_\_\_\_ Court: \_\_\_\_\_ Court:\_\_\_\_\_ Job Title: \_\_\_\_\_\_ Job Title:\_\_\_\_\_ Annual Salary:\_\_\_\_\_ Annual Salary:\_\_\_\_\_ 3a. Annual Amount Child Support Received:\_\_\_\_\_ 3b. If "one-parent household," check box indicating which parent you reside with: Mother Father Other(Specify) No. of dependent children in family (include applicant) 4. No. of dependent children who will be attending college next year 5. (include applicant):\_\_\_\_\_ 6. **Special Needs** (list extenuating circumstances, impairments, learning disabilities or handicaps, with explanation): 7. Name and address of college applicant plans on attending: College:\_\_\_\_\_ College Address: \_\_\_\_\_ Has applicant been accepted: Yes\_\_\_\_ No\_\_\_\_ Annual Tuition Cost: Room and Board Cost:\_\_\_\_\_ 7a. Major applicant plans to study:\_\_\_\_\_\_

Parent/Guardian Information must fill out completely including Parent who is

3.

8. Nam	Other Scholarships: ne:	
Ar	nnual amount:	One-time award:
Nam	ne:	
Ar	nnual amount:	One-time award:
Nam	ne:	
Ar	nnual amount:	One-time award:
	and duties performed.	all current or previous full/part-time employment positions

- 11. **Career Goals**: Write a short summary of your career goals on a separate piece of paper and attach to this application.
- 12. **Transcript**: A current **OFFICIAL** high school transcript with **7-semester unweighted** grade point average 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: Applications must be received by May 1, 2023.

All submitted information is confidential and will become the property of CSEA Judiciary Local 334.