

SCHOLARSHIP APPLICATION

2024

Irving Flaumenbaum Memorial Scholarship



Pearl Insurance Scholarship



MetLife Scholarship



Special Memorial
Scholarship Committee

TJ Robinson (Region 1) Rosemary DeVito (Region 3) Lynne Mattison (Region 4) Amy Klenovic (Region 5) Jimmy Jones (Region 6)

MARY E. SULLIVAN
President
cseany.org



2024 Irving Flaumenbaum Memorial Scholarship, Pearl Insurance and MetLife Scholarships

It is with great pleasure that we announce the **2024 Irving Flaumenbaum Memorial Scholarship Program**. High School Seniors who apply for the Flaumenbaum Scholarship are automatically in the running for the **Pearl Insurance and MetLife Insurance Company Scholarships**.

In total, \$23,000 in scholarship money is available to CSEA members' children. High school seniors are eligible to apply.

The Irving Flaumenbaum Award will provide eighteen \$1,000 scholarships to graduating high school seniors; three in each region. Irving was a spirited CSEA activist for more than three decades. He was President of Long Island Region 1 and an AFSCME International Vice President at the time of his death.

The Pearl Insurance and MetLife Insurance Company Scholarships will provide two awards of \$2,500 each. The top 2% of scholastic achievers, based on high school average, class rank and SAT scores, will be selected to create the eligibility pool for this scholarship.

The Pearl Insurance Award is in memory of Charles Foster, a longtime CSEA activist who began with CSEA in the 1930s. Mr. Foster was also the first business officer of the SUNY system and, in recognition of that, this scholarship will be awarded to a graduating high school senior entering the SUNY system.

The MetLife Award is named for Joseph D. Lochner, CSEA's first employee and former Executive Director who spent over forty years in service to this union.

Application **deadline** is **May 1**, **2024**. Winners will be notified in July and announced on the CSEA website.

Please read the instructions and complete the application accordingly. * * Missing information may disqualify the applicant. * *

Sections 2a, 2b, 2c and 2d:

Please enter all scores, averages, etc. on the application.

- Scores will not be taken from your transcript they <u>must</u> be written on the application.
- If the information is on your transcript, but not entered on the application <u>your application will be disqualified</u>.

 Do not write "see attached".

Sections 3, 3a:

Please enter both parents and/or legal guardian's information on the application.

- Salary for both parents and/or legal guardian is required.
- If one parent/guardian is retired, please include their retirement income.
- If you live in a single parent household or circumstances prevent you from knowing the salary, please check "other."

Sections 5 - 12:

Provide as much information about your awards, school and extracurricular activities for the committee to learn more about you.

Section 13:

A short essay up to 200 words based on your career goals is **required**.

Section 14:

Official Transcript is required.

** MISSING INFORMATION OR OLD APPLICATION MAY DISQUALIFY APPLICANT **

CSEA Local 1000 AFSCME, AFL-CIO

2024 IRVING FLAUMENBAUM MEMORIAL SCHOLARSHIP APPLICATION HIGH SCHOOL SENIORS

• MAIL TO: SCHOLARSHIP COMMITTEE, CSEA, 143 WASHINGTON AVENUE, ALBANY, NY 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 1				
1	APPLICANT'S Name: APPLICANT'S Address:			APPLICANT'S Phone Number: () MEMBER'S Phone Number: ()				
				APPLICANT'S				
	City State	Zip		Email:				
<u>2 </u>	Applicant MUST complete ALL parts	of question 2 o	n this for	m <u>AND</u> attach transcript with test/score verification.				
$\overline{2a}$	High School Name:		2 c	Applicant's current, indicate if [] weighted or [] unweighted				
	High School			cumulative h.s. grade average%				
	Address:			*If grade average is other than 100% maximum-based indicate Applicant's <u>4.0</u> Base or <u>+ or -</u> Base. (i.e. 100%, 4.0 or A_+)				
	City State	Zip		Current cumulative grade average of possible				
	High School Graduation Date:			maximum base				
	 This application provides automatic enro 	llment for Pearl Ins	urance/Me	Life Scholarships which are based on scholastic achievement -				
2h	Applicant's Numerical Class Rank		2d	TEST SCORES: S.A.T. Critical Reading: Math: Writing:				
4 D	Total number of students in graduating class		2 u	S.A.T. Critical Reading: Math: Writing: Total: Date taken: OR				
				A.C.T. English: Math: Science: Reading:				
	Applicant's Percentage Rank in that class	%		Composite: Total: Date taken:				
	NOTE: Application	will be disqualifi	ed it intori	nation is not entered on application.				
3 P/			•	ull, all parts, for BOTH parents/legal guardians.				
	A legal guardian is someone who is financially responsible for the student.							
	• MEMBERSHIP, JOB TITL	E, LOCAL NUMB	ER and S	ALARY information <u>MUST BE COMPLETED</u> •				
2 ~								
Sa	Parent/Legal Guardian #1 Nam	9		Parent/Legal Guardian #2 Name				
	Parent/Legal Guardian #1 Employ	/er		Parent/Legal Guardian #2 Employer				
	Parent/Legal Guardian #1 Job Ti	Parent/Legal Guardian #1 Job Title		Parent/Legal Guardian #2 Job Title				
	10-DIGIT CSEA ID NUMBER			10-DIGIT CSEA ID NUMBER				
	CSEA MEMBER? [] Yes [] No CSEA LOCAL#			CSEA MEMBER? [] Yes [] No CSEA LOCAL#				
	\$			\$ Parent/Legal Guardian #2 Annual Salary				
	Parent/Legal Guardian #1 Annua [] separated [] divorced [] deceased [] other	•		Parent/Legal Guardian #2 Annual Salary [] separated [] divorced [] deceased [] other/single parent				
	•							
3 _B	PARENT/LEGAL 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.							
	Refer to Section 3b instructions above and			□ **K.I.A. □ **D.M. □ **D.I.S.				
	Indicate Date of Occurrence	_ of incident checke	ed					
$\overline{4}$ A	Number of dependent children in family:		4 _B	Number of dependent children in family who will be attending college next year: (include applicant)				

			IRVING FLAUMENBA	AUM MEMORIAL SCHO	LARSHIP APPLICATION CONT			
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:							
7		HIPS: (annual amount) (Scholarship Name) (Scholarship Name)						
8 (Present)	WORK — List all work ex PERIOD WORKED 1. From to mo / yr 2. From to mo / yr 3. From to mo / yr 4. From to mo / yr mo / yr mo / yr mo / yr	BUSINESS or EMPLOYER'S NAME		SALARY	HOURS WORKED WEEKLY			
9	• Please fill out Questions 9 - 13 individually • School-related organizations and/or school-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	te a short essay (up to 200 words) of you	r career goals on a <u>sepa</u>	rate piece of paper.	— REQUIRED			

• FILING DEADLINE IS MAY 1 •

this application. — **REQUIRED**

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