

# John J. Kelly Memorial Scholarship Application

## FOR CSEA MEMBERS AND THE DEPENDANTS OF CSEA MEMBERS

**Mail to:** Scholarship Committee, CSEA, 143 Washington Avenue, Albany, New York 12210

### Applicant Information

**1** Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_ area code  
 \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

### Membership Information

**2**

Your Name	Parent(s)/Guardian(s) Name
Your Employer	Parent(s)/Guardian(s) Employer
Your Job Title	Parent(s)/Guardian(s) Job Title
Your 10-Digit CSEA ID Number	Parent(s)/Guardian(s) 10-Digit CSEA ID Number

### Education

**3**

High School Name: _____	College Name: _____
High School Address: _____	College Address: _____
_____ Zip: _____	_____ Zip: _____
High School Graduation Date: _____ GPA: _____	College Graduation Date: _____ GPA: _____

### Military or Public Service Positions

**4**

Military	EMT/Fire	Other
Branch	Branch	Branch
Rank	Rank	Rank
Dates of Service	Dates of Service	Dates of Service
ID Number	ID Number	ID Number

### Household

**5** TOTAL family income from THIS YEAR'S Federal Income Tax Return: \$ \_\_\_\_\_

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

Does this include applicant?  Yes  No

## Special Needs

**6** **Special needs** (if you have a special need because of extenuating circumstances, impairments or handicaps not described elsewhere, please explain)

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## Previous Scholarships

**7** [ ] N.Y.S. Regents: \_\_\_\_\_ (annual amount) [ ] Other: \_\_\_\_\_ (Scholarship Name) \_\_\_\_\_ (annual amount)  
[ ] Other: \_\_\_\_\_ (Scholarship Name) \_\_\_\_\_ (annual amount) [ ] Other: \_\_\_\_\_ (Scholarship Name) \_\_\_\_\_ (annual amount)

## Trade School/College Expenses

**8** **How Are You Meeting Annual College Expenses? (Check All Appropriate. Use Approximate Percent Of Total College Expenses):**

Scholarships \_\_\_\_%  Employer \_\_\_\_%  Family Loans \_\_\_\_%  
 Financial Institution Loans \_\_\_\_%  Work Study or Grants-in-Aid \_\_\_\_%  Other \_\_\_\_% *Specify:* \_\_\_\_\_

## Work

**9** **LIST MOST RECENT WORK EXPERIENCE SINCE GRADUATING HIGH SCHOOL. (LAST JOB FIRST):**

	Period Worked	Business or Employer's Name	Union?	Job Title	Salary	Hours worked weekly
(Present) 1. From _____ to _____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____	_____
	mo/yr mo/yr					
2. From _____ to _____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____	_____
	mo/yr mo/yr					
3. From _____ to _____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____	_____
	mo/yr mo/yr					

## Union-Related Activities

**10** **Union-related organizations and/or extracurricular activities in which you have been active:**

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## Awards

**11** **List any scholastic awards you have received:**

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## Career Goals

**12** **Write a short summary of your career goals. (Use separate sheet of paper):**

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**TRANSCRIPT: A current high school or college transcript must be attached to this application.**

**• FILING DEADLINE IS MAY 1, 2026 •**

FAILURE TO COMPLETE ALL ITEMS or ILLEGIBLE PRESENTATION MAY DETRACT FROM YOUR SCORE.

NOTE: If additional space is needed to answer any of the above questions, please attach additional sheets