

CSEA LOCAL 815

MEMORIAL SCHOLARSHIP APPLICATION

Mail To: SCHOLARSHIP COMMITTEE, CSEA, LOCAL 815,
3651 South Park Ave., Blasdell NY 14219

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

*** APPLICANT MUST BE A GRADUATING HIGH SCHOOL SENIOR ***

1 APPLICANT'S Name: _____ APPLICANT'S Phone Number: () _____ - _____
APPLICANT'S Address: _____ APPLICANT'S Email: _____
_____ ZIP: _____

2 HIGH SCHOOL NAME: _____
HIGH SCHOOL ADDRESS: _____
_____ ZIP: _____
HIGH SCHOOL GRADUATION DATE: _____
DATE OF GENERAL EQUIVALENCY DIPLOMA: _____

3 PARENTS/GUARDIAN INFORMATION: Section 3A MUST be completed in full, all parts, for both parents
MEMBERSHIP, TITLE, & SALARY INFORMATION MUST BE COMPLETED

3A

_____ MOTHER'S NAME	_____ FATHER'S NAME
_____ MOTHER'S EMPLOYER	_____ FATHER'S EMPLOYER
_____ MOTHER'S JOB TITLE	_____ FATHER'S JOB TITLE
_____ 10-DIGIT CSEA ID NUMBER	_____ 10-DIGIT CSEA ID NUMBER
LOCAL #815 MEMBER? () YES () NO	LOCAL #815 MEMBER? () YES () NO
\$ _____ MOTHER'S ANNUAL SALARY	\$ _____ FATHER'S ANNUAL SALARY
[] separated [] divorced [] deceased	[] separated [] divorced [] deceased

4 IF "ONE PARENT HOUSEHOLD" CHECK BOX INDICATING WHICH PARENT YOU RESIDE WITH

- MOTHER
 FATHER
 OTHER (Specify)

5A NUMBER OF DEPENDENT CHILDREN IN FAMILY? _____ DOES THIS INCLUDE APPLICANT? () YES () NO

5B NUMBER OF DEPENDENT CHILDREN IN FAMILY WHO WILL BE ATTENDING COLLEGE NEXT YEAR _____ (INCLUDES APPLICANT)

CONTINUED

CSEA LOCAL #815 HIGHER EDUCATION SCHOLARSHIP APPLICATION

6 SPECIAL NEEDS (If you have a special need because of extenuating circumstances, impairments or handicaps not described elsewhere, please explain)

7 NAME OF COLLEGE OR SCHOOL APPLICANT PLANS ON ATTENDING _____
COLLEGE OR SCHOOL LOCATION _____ City _____ State _____
HAS APPLICANT BEEN ACCEPTED YET? () YES () NO

8 OTHER SCHOLARSHIPS:
() NYS REGENTS: _____ (annual amount)
() OTHER: _____ (Scholarship Name) _____ (annual amount) () One time award () Annual award
: _____ (Scholarship Name) _____ (annual amount) () One time award () Annual award

9 WORK: LIST ALL WORK EXPERIENCES:

	PERIOD COVERED	BUSINESS or EMPLOYER'S NAME	JOB TITLE	SALARY	HOURS WORKED WEEKLY
PRESENT	1. FROM _____ TO _____ mo/yr mo/yr	_____	_____	_____	_____
	1. FROM _____ TO _____ mo/yr mo/yr	_____	_____	_____	_____
	1. FROM _____ TO _____ mo/yr mo/yr	_____	_____	_____	_____

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

10 SCHOOL-RELATED ORGANIZATIONS AND/OR SCHOOL-RELATED EXTRACURRICULAR ACTIVITIES IN WHICH YOU HAVE BEEN ACTIVE SINCE ENTERING HIGH SCHOOL:

11 NON-SCHOOL-RELATED ORGANIZATIONS AND/OR EXTRACURRICULAR ACTIVITIES IN WHICH YOU HAVE BEEN ACTIVE SINCE ENTERING HIGH SCHOOL:

12 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.

13 LIST LEADERSHIP POSITIONS SINCE ENTERING HIGH SCHOOL:

14 CAREER GOALS: WRITE A SHORT SUMMARY (up to 200 words) OF YOUR CAREER GOALS ON A SEPARATE SHEET OF PAPER.

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

FILING DEADLINE IS MAY 19, 2026

ALL INFORMATION IS CONFIDENTIAL AND WILL BECOME THE PROPERTY OF CSEA LOCAL 815