

# CSEA LOCAL 815

## MEMORIAL SCHOLARSHIP APPLICATION

Mail To: SCHOLARSHIP COMMITTEE, CSEA, LOCAL 815,  
305 CAYUGA ROAD, SUITE 100, CHEEKTOWAGA, NY 14225

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
<b>LOCAL #815 MEMBER? (     ) YES (     ) NO</b>	<b>LOCAL #815 MEMBER? (     ) YES (     ) NO</b>
\$ _____	\$ _____
MOTHER'S ANNUAL SALARY	FATHER'S ANNUAL SALARY
<input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> deceased	<input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> 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)

**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 13, 2024 \***

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