MISSING INFORMATION MAY DISQUALIFY APPLICANTS

CSEA / LOCAL 1000 AFSCME, AFL-CIO

IRVING FLAUMENBAUM MEMORIAL SCHOLARSHIP APPLICATION

HIGH SCHOOL SENIORS

• *MAIL TO:* SCHOLARSHIP COMMITTEE, CSEA, 143 WASHINGTON AVENUE, ALBANY, NEW YORK 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

APPLICANT'S Name: _____

APPLICANT'S Address: _____

_____ **ZIP:** __ __ __ __ __

APPLICANT'S Phone Number: (__ __ __) __ __ __ - __ __ __ __
AREA CODE

2 **Applicant MUST complete ALL parts of question 2 on this form AND attach transcript with test / score verification.**

2a

High School Name: _____

High School Address: _____

_____ ZIP: __ __ __ __ __

High School Graduation Date: _____

2c Applicant's current, cumulative h.s. grade average _____%*

**If grade average system is other than 100% maximum-based, indicate Applicant's...*

Current cumulative grade average _____ of possible

possible maximum base _____

• THIS APPLICATION PROVIDES AUTOMATIC ENROLLMENT FOR PEARL CARROLL & ASSOC./ MET LIFE SCHOLARSHIPS WHICH ARE BASED ON SCHOLASTIC ACHIEVEMENT •

2b

Applicant's Numerical Class Rank _____

Total number of students in graduating class _____

Applicant's Percentage Rank in that class: _____%

2d **TEST SCORES:**
S.A.T. Critical Reading:_____ Math: _____ Writing:_____ Total: _____

Date taken: _____

or **A.C.T.** English: _____ Math: _____ Science: _____

Reading: _____ Comp: _____ Total: _____ Date taken: _____

3 **PARENT / GUARDIAN INFORMATION:** ***Section 3a MUST be completed in full, all parts, for both parents.***

• MEMBERSHIP, TITLE and LOCAL and SALARY information MUST BE COMPLETED •

3a

_____
MOTHER'S NAME

_____
MOTHER'S EMPLOYER

_____
MOTHER'S JOB TITLE

_____
10-DIGIT CSEA ID NUMBER

CSEA MEMBER? [ ] Yes [ ] No **CSEA Local #** ___ ___ ___

$ _____
MOTHER'S ANNUAL SALARY

[ ] separated [ ] divorced [ ] deceased

_____
FATHER'S NAME

_____
FATHER'S EMPLOYER

_____
FATHER'S JOB TITLE

_____
10-DIGIT CSEA ID NUMBER

CSEA MEMBER? [ ] Yes [ ] No **CSEA Local #** ___ ___ ___

$ _____
FATHER'S ANNUAL SALARY

[ ] separated [ ] divorced [ ] deceased

3b **PARENT / 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. All information is needed for deceased parents membership verification.

- Refer to Section 3a instructions above and check appropriate box
- Indicate Date of Occurrence _____ of incident checked

☐ **K.I.A.
☐ **D.M.
☐ **D.I.S.

4a Number of dependent children in family: _____ Does this include applicant? ☐ Yes ☐ No

4b Number of dependent children in family who will be attending college next year: _____ *(include applicant)*

CONTINUED . . .

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: _____

College or school location: _____ CITY _____ STATE

Has applicant been accepted yet? [ ] YES [ ] NO

7 **CURRENT SCHOLARSHIPS:**

[ ] N.Y.S. Regents: _____ *(annual amount)*

[ ] Other: _____ *(Scholarship Name)* _____ *(annual amount)*

_____ *(Scholarship Name)* _____ *(annual amount)*

8 **WORK. List all work experience:**

	PERIOD WORKED	BUSINESS or EMPLOYER'S NAME	JOB TITLE	SALARY	HOURS WORKED WEEKLY
(Present)	1. From _____ to _____ (mo / yr, mo / yr)				
	2. From _____ to _____ (mo / yr, mo / yr)				
	3. From _____ to _____ (mo / yr, mo / yr)				
	4. From _____ to _____ (mo / yr, mo / yr)				

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

9 **School-related organizations and/or school-related 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 a short summary of your career goals *on a separate piece of paper.***

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

• FILING DEADLINE IS APRIL 22nd •

ALL INFORMATION IS CONFIDENTIAL AND WILL BECOME THE PROPERTY OF CSEA