



College Scholarships

CSEA will award the following college scholarships for children of CSEA-represented employees in New York State who are graduating high school seniors:

**Irving
Flaumenbaum
Memorial
Scholarship**

*(Three \$1000 Scholarships in each of
CSEA's six Regions)*

**Pearl Carroll
& Associates Award
in memory
of Charles Foster**

*(One \$2,500 award to a high school student
entering SUNY System)*

**Met Life Award
in memory of
Joseph D. Lochner**

*(One \$2,500 award not limited to a student
entering SUNY)*



Applications Available from CSEA Representatives:

ONE APPLICATION INCLUDES ALL SCHOLARSHIPS!

Filing Deadline is April 15



Local 1000 AFSCME, AFL-CIO



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: (____) _____ - _____ <small>AREA CODE</small> APPLICANT'S Email: _____
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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 ____%* <i>*If grade average system is other than 100% maximum-based, indicate Applicant's...</i> Current cumulative grade average ____ of possible possible maximum base ____
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• 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: _____
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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
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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 essay (up to 200 words) 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 15** •

ALL INFORMATION IS CONFIDENTIAL AND WILL BECOME THE PROPERTY OF CSEA

CSEA, Inc. / Local 1000, AFSCME, AFL-CIO

Rev. 1/17

