

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

<p>1 APPLICANT'S Name: _____</p> <p>APPLICANT'S Address: _____</p> <p style="text-align: right;">ZIP: _____</p>	<p>APPLICANT'S Social Security No. _____ - _____ - _____</p> <p>APPLICANT'S Phone Number: (_____) _____ - _____ AREA CODE</p>
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2 Applicant **MUST** complete ALL parts of question 2 on this form AND attach transcript with test / score verification.

<p>2a High School Name: _____</p> <p>High School Address: _____</p> <p style="text-align: right;">ZIP: _____</p> <p>High School Graduation Date: _____</p>	<p>2c Applicant's current, cumulative h.s. grade average ____%*</p> <p><i>*If grade average system is other than 100% maximum-based, indicate Applicant's...</i></p> <p>Current cumulative grade average ____ of possible possible maximum base ____</p>
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• THIS APPLICATION PROVIDES AUTOMATIC ENROLLMENT FOR PEARL CARROLL & ASSOC./ MET LIFE SCHOLARSHIPS WHICH ARE BASED ON SCHOLASTIC ACHIEVEMENT •

<p>2b Applicant's Numerical Class Rank _____</p> <p>Total number of students in graduating class _____</p> <p>Applicant's Percentage Rank in that class: ____%</p>	<p>2d TEST SCORES: S.A.T. Critical Reading: ____ Math: ____ Writing: ____ Total: ____ Date taken: _____</p> <p>or A.C.T. English: ____ Math: ____ Science: ____ Reading: ____ Comp: ____ Total: ____ Date taken: _____</p>
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3 **PARENT / GUARDIAN INFORMATION:** Section 3a **MUST** be completed in full, all parts, for both parents.

• MEMBERSHIP, TITLE and LOCAL information MUST BE COMPLETED •

<p>3a</p> <p>_____</p> <p style="text-align: center; font-size: small;">MOTHER'S NAME</p> <p>_____ - _____ - _____</p> <p style="text-align: center; font-size: small;">MOTHER'S SOCIAL SECURITY NUMBER</p> <p>_____</p> <p style="text-align: center; font-size: small;">MOTHER'S EMPLOYER</p> <p>_____</p> <p style="text-align: center; font-size: small;">MOTHER'S JOB TITLE</p> <p>CSEA MEMBER? [] Yes [] No CSEA Local # _____</p> <p>\$ _____</p> <p style="text-align: center; font-size: small;">MOTHER'S ANNUAL SALARY</p>	<p>_____</p> <p style="text-align: center; font-size: small;">FATHER'S NAME</p> <p>_____ - _____ - _____</p> <p style="text-align: center; font-size: small;">FATHER'S SOCIAL SECURITY NUMBER</p> <p>_____</p> <p style="text-align: center; font-size: small;">FATHER'S EMPLOYER</p> <p>_____</p> <p style="text-align: center; font-size: small;">FATHER'S JOB TITLE</p> <p>CSEA MEMBER? [] Yes [] No CSEA Local # _____</p> <p>\$ _____</p> <p style="text-align: center; font-size: small;">FATHER'S ANNUAL SALARY</p>
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• SALARY INFORMATION MUST BE COMPLETED •

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 **K.I.A.
- Indicate Date of Occurrence _____ of incident checked **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)

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
Take this completed application to your school's registrar or guidance office and have THE SCHOOL mail the completed application along with the transcript and verification of S.A.T. scores.

• FILING DEADLINE IS APRIL 17th •

ALL INFORMATION IS CONFIDENTIAL AND WILL BECOME THE PROPERTY OF CSEA

