

CSEA / LOCAL 1000 AFSCME, AFL-CIO

# 2018 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**  
 Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
AREA CODE

**APPLICANT'S**  
 Address: \_\_\_\_\_ **APPLICANT'S**  
 Email: \_\_\_\_\_

ZIP: \_\_\_\_\_

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

<p><b>2a</b> High School Name: _____</p> <p>High School Address: _____</p> <p style="text-align: center;">ZIP: _____</p> <p>High School Graduation Date: _____</p>	<p><b>2c</b> 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><b>2b</b> 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><b>2d</b> <b>TEST SCORES:</b>                  S.A.T. Critical Reading: ____ Math: ____ Writing: ____ Total: ____</p> <p>Date taken: _____</p> <p>or <b>A.C.T.</b> English: ____ Math: ____ Science: ____</p> <p>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 and SALARY information MUST BE COMPLETED •

<p><b>3a</b></p> <p>_____ MOTHER'S NAME</p> <p>_____ MOTHER'S EMPLOYER</p> <p>_____ MOTHER'S JOB TITLE</p> <p>_____ 10-DIGIT CSEA ID NUMBER</p> <p>CSEA MEMBER? [ ] Yes [ ] No <b>CSEA Local #</b> _____</p> <p>\$ _____ MOTHER'S ANNUAL SALARY</p> <p>[ ] separated [ ] divorced [ ] deceased</p>	<p>_____ FATHER'S NAME</p> <p>_____ FATHER'S EMPLOYER</p> <p>_____ FATHER'S JOB TITLE</p> <p>_____ 10-DIGIT CSEA ID NUMBER</p> <p>CSEA MEMBER? [ ] Yes [ ] No <b>CSEA Local #</b> _____</p> <p>\$ _____ FATHER'S ANNUAL SALARY</p> <p>[ ] separated [ ] divorced [ ] deceased</p>
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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)

**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

