

CSEA Local 614 Scholarship Application

High School Seniors / College Students
Mail To: CSEA Local 614 P.O. Box 566 East Setauket, NY 11733

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** **APPLICANT'S**
Name: _____ **Social Security No.** _____ -- _____ -- _____
APPLICANT'S **APPLICANT'S**
Address: _____ **Phone Number:** (_____) _____ -- _____ -- _____

ZIP: _____

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

2a High School Name: _____ **2c** Applicant's current cumulative H.S. grade average _____ %*
High School Address: _____ *If grade average system is other than 100% maximum-based,
_____ ZIP: _____ indicate Applicant's...
High School Graduation Date: _____ Current cumulative grade average _____ of possible
possible maximum base _____

2b Applicant's Numerical Class Rank _____ **2d** **TEST SCORES:**
Total number of students in graduating class: _____ **S.A.T.** Critical Reading: _____ Math: _____ Writing: _____ Total: _____
Date Taken: _____
Applicant's Percentage Rank in that class _____ % 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 Information MUST BE COMPLETED

3a

MOTHER'S NAME _____ MOTHER'S SOCIAL SECURITY NUMBER _____ MOTHER'S EMPLOYER _____ MOTHER'S JOB TITLE _____ CSEA MEMBER? [] Yes [] No CSEA Local# _____ \$ _____ MOTHER'S ANNUAL SALARY	FATHER'S NAME _____ FATHER'S SOCIAL SECURITY NUMBER _____ FATHER'S EMPLOYER _____ FATHER'S JOB TITLE _____ CSEA MEMBER? [] Yes [] No CSEA Local# _____ \$ _____ FATHER'S ANNUAL SALARY
--	--

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 member (D.M**), or is NOW a totally disabled "gratuitous" member of CSEA or WAS a "gratuitous" member for one year AND remains totally and permanently disabled (D.I.S. **) -- complete sections 3a and 3b.**

- ♦ 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)

