

# 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** Name: \_\_\_\_\_ **APPLICANT'S** Social Security No. \_\_\_\_\_  
**APPLICANT'S** Address: \_\_\_\_\_ **APPLICANT'S** 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: \_\_\_\_\_  
Applicant's Percentage Rank in that class \_\_\_\_\_ % 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 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
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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 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)

