

Since 1910



Local 1000 AFSCME, AFL-CIO

SOUTHERN REGION OFFICE
568 State Route 52, Beacon, New York 12508
Office: 845 831-1000 • Fax: 845 831-1117

New York's LEADING Union

BILLY RICCALDO
Region President

TO: Region 3 Local/Unit Presidents
FROM: Billy Riccaldo, Region President
DATE: February 20, 2019
SUBJECT: 2019 Southern Region 3 Scholarships

The Southern Region is pleased to announce that we will award Scholarships this year to graduating high school seniors.

Applicants must be the children of Region 3 CSEA members who intend to continue their education in college or trade school. Applications will be scored on a point basis.

The *Scholarship Application* can now be downloaded from our CSEA Southern Region's Website. Go to www.cseany.org and then from there, you can access the Southern Region's Website. Also, additional applications are available at the CSEA Region 3 Office, please call 845-831-1000 or 800-757-CSEA.

****PLEASE NOTE: OLD APPLICATIONS WILL DISQUALIFY POTENTIAL CANDIDATES. ALL OLD APPLICATIONS SHOULD BE DESTROYED. APPLICATIONS MUST HAVE THE MAY 10, 2019 DEADLINE.**

Deadline for filing applications is *May 10, 2019*. All applications must be postmarked by *May 10, 2019*, no exceptions. Applications not postmarked by the *10th of May* will not be considered.

Please let your members know about the scholarships and encourage their participation. Thank you.

BR:rrc
Enclosure
Cc: Region Officers



SOUTHERN REGION 3 ANNUAL SCHOLARSHIP APPLICATION

HIGH SCHOOL SENIORS

• MAIL TO: CSEA REGION 3 SCHOLARSHIP, 568 STATE ROUTE 52, BEACON, NY 12508 •

FAILURE TO COMPLETE ALL ITEMS or ILLEGIBLE PRESENTATION WILL DEDUCT 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: (_____) _____ - _____
 AREA CODE

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: _____

2b Applicant's current, cumulative H.S. grade average _____ %*

*If grade average system is other than 100% maximum-based, indicate Applicant's...
Current cumulative grade average _____ of possible maximum base _____

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 10-DIGIT CSEA ID NUMBER

 MOTHER'S EMPLOYER

 MOTHER'S JOB TITLE

CSEA MEMBER? [] Yes [] No CSEA Local # _____

 FATHER'S NAME

 FATHER'S 10-DIGIT CSEA ID NUMBER

 FATHER'S EMPLOYER

 FATHER'S JOB TITLE

CSEA MEMBER? [] Yes [] No CSEA Local # _____

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.
- **D.M.
- Indicate Date of Occurrence _____ of incident checked **D.I.S.

4 Write/type a **500 word essay** telling us about what the union means to you and your family, (Count of words will be strictly adhered to.) Failure to submit essay will result in **automatic disqualification**.

5 **SPECIAL NEEDS** (If you have a special need because of extenuating circumstances, impairments or handicaps not described elsewhere, please explain.)

CONTINUED...

6 Name of college or school applicant plans on attending: _____
 College or school location: _____ CITY _____ STATE _____
 Has applicant been accepted yet? YES NO *Please attach a copy of acceptance letter.*

7 OTHER SCHOLARSHIPS: Include all scholarships that have been awarded as of the date of this application.
 N.Y.S. Regents: _____ (annual amount)
 Other: _____ (Scholarship Name) _____ (annual amount) One-time amount Annual award
 _____ (Scholarship Name) _____ (annual amount) One-time amount Annual award

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	_____	_____	_____	_____

9 School-related organizations and/or school-related extracurricular activities in which you have been active since entering high school:

• Please fill out Questions 10 – 13 individually, i.e., not listed together and attached •

10 Non-school-related organizations and/or extracurricular activities in which you have been active since entering high school (including community service):

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/type a short summary of your career goals on a separate piece of paper. (Minimum of 250 words.)

14 TRANSCRIPT / TEST SCORES: A current OFFICIAL high school transcript 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.

• FILING DEADLINE IS MAY 10, 2019 •

ALL INFORMATION IS CONFIDENTIAL AND WILL BECOME THE PROPERTY OF CSEA

CSEA Local 1000, AFSCME, AFL-CIO

