

## **SOUTHERN REGION OFFICE**

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

## Stay Union \* Stay Strong

TO:

Region 3 Local/Unit Presidents

FROM:

Anthony Adamo, Region President

DATE:

March 17, 2021

SUBJECT: 2021 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 <a href="https://www.cseany.org">www.cseany.org</a> 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 JUNE 11, 2021 DEADLINE.

Deadline for filing applications is <u>June 11, 2021</u>. <u>All applications must be</u> postmarked by <u>June 11, 2021</u>, no exceptions. <u>Applications not postmarked by the 11<sup>th</sup> of June will not be considered</u>. <u>CSEA Region 3 will also be accepting the application and supporting documentation by email at csearegion3@cseainc.org</u>. The email must be sent by close of business (5:00 pm) on June 11, 2021.

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

AA:rrc Enclosure

Cc: Region Officers

Region Scholarship Committee

## SOUTHERN REGION 3 ANNUAL SCHOLARSHIP APPLICATION

HIGH SCHOOL SENIORS

• MAIL TO: CSEA REGION 3 SCHOLARSHIP, 568 STATE ROUTE 52, BEACON, NY 12508 OR EMAIL TO: csearegion3@cseainc.org •

NO	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 Address:  ZIP:	APPLICANT'S Phone Number: (				
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 co	ompleted in full, all parts, for both parents.				
20	MEMBERSHIP, TITLE and LOCAL and SALARY information MUST BE COMPLETED -					
3a	MOTHER'S NAME	FATHER'S NAME				
: <del>-</del>	MOTHER'S 10-DIGIT CSEA ID NUMBER	FATHER'S 10-DIGIT CSEA ID NUMBER				
-	MOTHER'S EMPLOYER	FATHER'S EMPLOYER				
CS	MOTHER'S JOB TITLE SEA MEMBER? [] Yes [] No CSEA Local #	FATHER'S JOB TITLE  CSEA MEMBER? [] Yes [] No CSEA Local #				
3b	parent suffered ACCIDENTAL DEATH (in relation to job duties) and while an active died while an active CSEA member (D.M.**), OR is NOW a totally disabled "gratuitous remains totally and permanently disabled (D.I.S.**) — COMPLETE SECTIONS 3a and					
	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 an essay telling us about yourself, career path and where you see yourself in five years. Failure to submit ess 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.)					
	·					

6	Name of college or school applicant plans on attending:				
	College or school location:CITY		STATE		
	Has applicant been accepted yet?	[ ] YES [ ] NO Please atta	ch a copy of acceptance letter.		
7	OTHER SCHOLARSHIPS: Include	olication.			
	[ ] N.Y.S. Regents:	(annual amount)			
	[ ] Other:	(Scholarship Name)	(annual amount	i) $\square$ One-time amount $\square$ Annual award	
	-	(Scholarship Name)	(annual amoun	t) One-time amount C Annual award	
8	WORK. List all work experience:				
	PERIOD WORKED	BUSINESS or EMPLOYER'S NAME	JOB TITLE	HOURS WORKED SALARY WEEKLY	
(Present)	1. From to mo / yr		, v		
	2. From to mo / yr mo / yr				
	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 echools	
		Total Control of the	. Which you have been don't allice	entering high school.	
-	. Please fill out	Questions 10 12 individually i.e. r	not listed together and attached		
10	) <del></del>	Questions 10 – 13 individually, i.e., r			
10	Non-school-related organizations an service):	d/or extracurricular activities in which y	ou have been active since entering	g high school (including community	
11					
11	List any awards you have received community service, etc.)	(in or out of school) since entering h	igh school (i.e. student govern	ment, honors, citizenship, sports,	
12	Leadership positions since entering t	nigh school:			
12					
10					
13	CAREER GOALS. Write/type a short su	mmary of your career goals on a separate p	iece of paper. (Minimum of 250 words	.)	
14	TRANSCRIPT / TEST SCORES: A cur Take this completed application to your	rent OFFICIAL high school transcript muschool's registrar or guidance office and hav	st be attached to this application. e THE SCHOOL mail the completed a	pplication along with the transcript.	

## FILING DEADLINE IS JUNE 11, 2021

