

**SUFFOLK EDUCATIONAL LOCAL 870  
NAVARRO TEAM SCHOLARSHIP APPLICATION  
for  
HIGH SCHOOL SENIORS**

MAIL TO: SCHOLARSHIP COMMITTEE, CSEA LOCAL 870, 1731-D NORTH OCEAN AVENUE, MEDFORD, NY 11763

**FAILURE TO COMPLETE ALL ITEMS or ILLEGIBLE PRESENTATION WILL RESULT IN DISQUALIFICATION**

NOTE: If additional space is needed to answer any of the following questions, please attach additional sheets of paper.

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**1. APPLICANT'S NAME:** \_\_\_\_\_  
**APPLICANT'S ADDRESS:** \_\_\_\_\_  
**APPLICANT'S PHONE NUMBER:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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**2. HIGH SCHOOL NAME:** \_\_\_\_\_  
**HIGH SCHOOL ADDRESS:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**HIGH SCHOOL GRADUATION DATE:** \_\_\_\_\_

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**3. NUMBER OF DEPENDENT CHILDREN IN FAMILY:** \_\_\_\_\_  
**DOES THIS INCLUDE APPLICANT? YES [ ] NO [ ]**

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**4. NUMBER OF DEPENDENT CHILDREN IN FAMILY WHO WILL BE ATTENDING COLLEGE NEXT YEAR:** \_\_\_\_\_ (include applicant).

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

\_\_\_\_\_  
\_\_\_\_\_

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**6. Name of college or school applicant plans on attending:** \_\_\_\_\_  
**College or school location:** \_\_\_\_\_

City

State

**Has applicant been accepted yet? YES [ ] NO [ ]**

