

**CSEA SUFFOLK EDUCATIONAL LOCAL 870 REGION ONE  
NAVARRO TEAM SCHOLARSHIP APPLICATION  
FOR HIGH SCHOOL SENIORS 2019**

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.

\*\*\*Please **Do NOT** send your application "send receipt requested". If you would like a confirmation that your application has been received please email Local870secretary@aol.com.\*\*\*

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

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

3. Name of CSEA member \_\_\_\_\_  
CSEA members School District where employed \_\_\_\_\_  
School District Telephone number where you can be reached. \_\_\_\_\_  
CSEA Unit President Name and Unit Number. \_\_\_\_\_  
CSEA members ID number which can be found on membership card. \_\_\_\_\_

*\*\*\*Please include a copy of this card with this application, this is necessary to complete this application!*

4. NUMBER OF DEPENDENT CHILDREN IN FAMILY: \_\_\_\_\_

DOES THIS INCLUDE APPLICANT? YES [ ] NO [ ]

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

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

**FILING DEADLINE IS APRIL 19, 2019**

ALL INFORMATION IS CONFIDENTIAL AND WILL BECOME THE PROPERTY OF CSEA LOCAL 870

**Good Luck!**

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**7.** In 200 words explain WHY you feel you should be considered for this scholarship.

**8.** Name of college or school applicant plans on attending: \_\_\_\_\_  
College or school location: \_\_\_\_\_  
City State  
Has applicant been accepted yet? YES [ ] NO [ ]

**9. CURRENT SCHOLARSHIPS:**

[ ] N.Y.S. Regents: \_\_\_\_\_ (annual amount)  
[ ] Other: \_\_\_\_\_ (Scholarship Name) \_\_\_\_\_ (annual amount)  
\_\_\_\_\_ (Scholarship Name) \_\_\_\_\_ (annual amount)

**10. WORK:** List all work experience:

PERIOD WORKED	BUSINESS or EMPLOYER'S NAME	JOB TITLE	SALARY	HOURS WORKED WEEKLY
(Present) 1. From _____ to _____ mo/yrmo/yr	_____	_____	_____	_____
2. From _____ to _____ mo/yrmo/yr	_____	_____	_____	_____
3. From _____ to _____ mo/yrmo/yr	_____	_____	_____	_____
4. From _____ to _____ mo/yrmo/yr	_____	_____	_____	_____

**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. CAREER GOALS:** Write a short summary of your career goals on a separate piece of paper. (This is separate from the Acceptance Criteria Essay)

**13. TRANSCRIPT/TEST SCORES:** An OFFICIAL transcript with test scores MUST accompany your application, mailed to Suffolk Educational Local 870, Scholarship Committee, c/o Maria Navarro, President, 1731 D North Ocean Avenue, Medford, NY 11763.

**14. MOTHER'S YEARLY SALARY** FATHER'S YEARLY SALARY

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