

**CSEA SUFFOLK EDUCATIONAL LOCAL 870 REGION ONE  
NAVARRO TEAM SCHOLARSHIP**

**AWARDS** CSEA Local 870 awards four (4) scholarships at \$1000.00 each to graduating high school seniors.

**ELIGIBILITY** Open to children of CSEA Local 870 members. Must be a High School Senior graduating in June of the current year and must have proof of acceptance at an institution, university, four year College or Trade School, etc.

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

**DEADLINE** April 24, 2020

**APPLICATION** Download from [CSEA870.org](http://CSEA870.org) or call (631) 475-8700

**Send to:** Scholarship Committee  
c/o Maria Navarro, President  
Suffolk Educational Local 870  
1731 D North Ocean Avenue  
Medford, New York 11763

**CSEA SUFFOLK EDUCATIONAL LOCAL 870 REGION ONE  
NAVARRO TEAM SCHOLARSHIP APPLICATION  
FOR HIGH SCHOOL SENIORS 2020**

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 24, 2020**

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

**Good Luck!**

