

**CSEA SUFFOLK EDUCATIONAL LOCAL 870 REGION ONE
NAVARRO TEAM SCHOLARSHIP APPLICATION
FOR HIGH SCHOOL SENIORS 2021**

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 23, 2021

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

Good Luck!

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7. Name of college or school applicant plans on attending: _____

College or school location: _____
City State

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

8. CURRENT SCHOLARSHIPS:

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

9. 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	_____	_____	_____	_____

10. 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.)

11. CAREER GOALS: Write a short summary of your career goals on a separate piece of paper, this is separate from the Acceptance Criteria Essay.

12. 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.

13. PARENT/S YEARLY SALARY:

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