CSEA SUFFOLK EDUCATIONAL LOCAL 870 REGION ONE NAVARRO TEAM SCHOLARSHIP APPLICATION

FORHIGH SCHOOL SENIORS 2023

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 NOTsend your application "send receipt requested". If you would like a confirmationthat your application has been received please email Local870secretary@aol.com.*** 1. APPLICANT'S NAME:
Please Do NOTsend your application "send receipt requested". If you would like a confirmationthat 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: AIGH SCHOOL GRADUATION DATE 3. Name of CSEA member CSEA members School District where employed School District Telephone number where you can be reached. CSEA members ID number which can be found on membership card.
your application has been received please email Local870secretary@aol.com.*** 1. APPLICANT'S NAME:
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 2. HIGH SCHOOL NAME:
HIGH SCHOOL ADDRESS: ZIP: HIGH SCHOOL GRADUATION DATE
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** Please include a copy of this card with this application, this is necessary to complete this application!
Inumber 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).

elsewhere, please explain)_____

FILING DEADLINE IS APRIL 28, 2023

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

Good Luck!

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FORHIGH SCHOOL SENIORS 2023

college of school locat	ion:			
Has applicant been ac	City cepted yet? YES [] NO	State		
3 . CURRENT SCHOLARSHIF	'S :			
[] N.Y.S. Regents:	(annual amount)			
	(Scholarship Name)			
	(Scholarship N	ame)		(annual amount)
.WORK: List all work ex	-			
PERIOD WORKED	BUSINESS or EMPLOYER'S NAME	JOB TITLE	SALARY	HOURS WORKED WEEKLY
Present) 1. From to no/yrmo/yr				
2. From to no/yrmo/yr				
3. From to no/yrmo/yr				
4. From to no/yrmo/yr				
	ive received (in or out of school) s ports, community service, etc.)	ince entering hig	h school (i.e.,	student government,

12. TRANSCRIPT/TEST SCORES: An OFFICIAL transcript with test scores MUSTaccompany 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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