2018 LONG ISLAND TEACHERS BENEVOLENT FUND LEN MOTISI MEMORIAL SCHOLARSHIP APPLICATION

L.I.T.B.F. 100 SOUTH MAIN STREET, SUITE 205 SAYVILLE, NY 11782

<u>ELIGIBILITY</u>: Children of in service members of NYSUT locals which are participants in the Long Island Teachers Benevolent Fund, who are <u>high school seniors</u>, graduating <u>this year</u>, and who will be attending a post-secondary institution on a full time basis.

CRITERIA: Proof of academic achievement by submitting copies (original not necessary) of:

- 1. School Transcript including the current GPA
- 2. SAT or ACT Scores

DEADLINE FOR APPLYING: Applications must be received by the parent's local union president by **MARCH 7, 2018.** The local president must forward to the L.I.T.B.F. by **MARCH 14, 2018**. It is the responsibility of the local president to submit a completed and signed application including school transcript with GPA and SAT or ACT scores. Incomplete applications will be returned. If applications are resubmitted with missing documentations before the deadline they will be considered.

Part I - To be completed by the applicant/student. (PLEASE TYPE OR PRINT)

Name:	
Home Address:	-
Home Telephone Number:	-
High School:	-
Name of College or Post-Secondary educational institutions idering:	•
I attest to the accuracy and truthfulness of the information	on provided herein.
Signature of Applicant (Student):	Date:

NOTE TO APPLICANT:

Complete and sign Part I, have your parent complete and sign Part II and have your guidance counselor attach a STUDENT TRANSCRIPT SHOWING YOUR GPA AND SAT OR ACT SCORES to this application. The completed application with all documentations should be sent to the PRESIDENT OF YOUR PARENT'S LOCAL for verification and signed and then forwarded to the Long Island Teachers Benevolent Fund no later than MARCH 14TH in order to be considered. ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED.

WHILE TRANSCRIPTS ARE REQUIRED FOR EACH APPLICATION <u>PLEASE DO NOT SEND IN SEALED ENVELOPES</u>. SEALED ENVELOPES SIMPLY ADD TO PROCESSING TIME.

Part II TO BE COMPLETED BY PARENT OR GUARDIAN

Parent			
		of L.I.T.B.F.	association)
	Parent's teacher association:		
	NYSUT #(Applica	ation will not b	e accepted without this #)
	Is this association a member of	L.I.T.B.F.(cire	cle one) YES or NO
Spouse			
1		•	s a member of a teacher association that is a LITBF
	*Spouse's Teacher Association	 1:	
	NYSUT #(Applica		
	Is this association a member of		
duplica List be	te applications from both locals.	.DREN, <u>INCL</u>	the L. I. Teachers Benevolent Fund DO NOT send in UDING APPLICANT, and their ages. Indicate if they
	sently <u>full-time</u> college students		
NAME		AGE	COLLEGE, UNIVERSITY or K-12 school
I attest	to the accuracy and truthfuln	ess of the info	ormation provided herein.
PARE	NT'S SIGNATURE		DATE
NAMI	E OF PARENT'S TEACHER	ASSOCIATI	ION

PART III TO BE COMPLETED BY PRESIDENT OF PARENT'S LOCAL

PLEASE NOTE: The scholarship check will be made payable to the student. As sometimes students have a different last name than that of a parent, locals are advised to maintain a record of the applicant and the parent's name.

Name of the parent of this applicant:				
TEACHER ASSOCIATION:	_			
TEACHER ASSOCIATION MAILING ADDRESS:				
				
TEACHER ASSOCIATION PRESIDENT				
NAME (PRINT)				
SIGNATURE:				
DATE				

CHECK LIST BEFORE SENDING

- 1. Does transcript include G.P.A.? (Please highlight)
- 2. Are SAT/ACT Scores included?
- 3. Has the application been signed by the local President?
- 4. Are all transcripts and SAT/ACT **removed** from sealed envelopes?