Applicant’s Full Name: \_

The BESPA-CA Union will be offering either two (2) - $750.00 or three (3) - $500.00 Continue Your Education Scholarships for graduating high school seniors of registered active members. If we receive 10 or less applications, two (2) scholarships will be awarded at $750.00 each. If we receive more than 10 applications, three (3) scholarships will be awarded at $500.00 each. In the event that only one (1) applicant qualifies to receive an award, a $1,000.00 scholarship will be granted.

This scholarship is funded by the members of BESPA-CA, CA-BOCES Educational Support Personnel Association, and is available to graduating seniors whose parent/guardian or grandparent is a registered active member of the BESPA-CA Union. The scholarship is to be used for Accredited Continuing Education. The recipients will be chosen by an organized committee of non-BESPA-CA representatives and will be based upon a review of all completed applications to include the student’s educational experience, transcripts, essay, and letter of recommendation. Students electing not to enter or students who choose to withdraw from entering their continuing education choice are required to refund the scholarship awarded to them within the current school year.

# This application requires the applicant to:

1. Fill out the attached application completely.
2. Attach a transcript from his/her component school if able to be procured.
3. Attach a copy of acceptance letter from an accredited educational institution if available.

*(A college or trade school letter of acceptance is required prior to the distribution of scholarship funds)*

1. Provide a letter of recommendation from a Teacher.
2. Write a well-developed essay that clearly answers the provided question(s).
3. Verification of Union Membership and Relationship to Applicant. *Members may contact Membership Representative Valerie Berger at* [*valerie\_berger@caboces.org*](mailto:valerie_berger@caboces.org)

# Please print the application if you are able and follow the instructions included. Submit the completed application to BESPA-CA Union Secretary Erin Shoup, 109 Charles Street, Olean, NY 14760. Applications must be postmarked no later than Friday April 1st 2022 or emailed to [erin\_shoup@caboces.org](mailto:erin_shoup@caboces.org) no later than April 1st 2022. Winners will be announced at our General Meeting. For more information you may email Anne Raymond, BESPA-CA Co-President, at [anne\_raymond@caboces.org.](mailto:anne_raymond@caboces.org)

# Incomplete applications will not be considered for award.

**Check-Off List (Please check each completed item)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Use** |  | **BESPA Eboard Use** |  |
| Complete Application |  | Complete Application |  |
| Component School Transcript |  | Component School Transcript |  |
| Teacher’s Letter of Recommendation |  | Teacher’s Letter of Recommendation |  |
| Essay |  | Essay |  |
| Verification of Membership & Relationship |  | Verification of Membership & Relationship |  |
| Acceptance letter from accredited institution |  | Acceptance letter from accredited institution |  |

**APPLICANT RESPONSES**

1. Applicant’s Full Name:
2. Address:
3. Telephone:
4. Home School:
5. Focused Major:
6. Educational Plans After Graduation:
7. Tentative College Choice(s):

(Name and Location)

(Name and Location)

1. BESPA Member and Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# APPLICANT RESPONSES

Applicant Name:

1. Where do you see yourself in 5 years?
2. Are you a member of any extra-curricular activities? This may include but is not limited to community involvement, school activities (sports, clubs, etc.), hobbies, employment.

Applicant Name:

**Essay**

*This may be typed and mailed/emailed with your application*

Write a well-developed essay that ***both*** describes how continuing your education will help you attain your career goals and explain how the challenges you face during the current health crisis will prepare you for the challenges of both your continued educational experiences and chosen career goals.

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# TEACHER RECOMMENDATION

Please provide a letter of recommendation explaining why you feel the applicant should be awarded this scholarship.