2011-12 LONG ISLAND TEACHERS BENEVOLENT FUND LEN MOTISI MEMORIAL SCHOLARSHIP APPLICATION

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

ELIGIBILITY: 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.

<u>CRITERIA</u>: <u>Academic achievement</u> as evidenced by school transcripts, including a Xerox of your <u>SAT scores</u> and <u>Grade Point Average</u> *If your school transcript does not contain the GPA, your guidance counselor must submit a statement with your scores.

SPECIAL NOTE: - DEADLINE FOR APPLYING: APPLICATIONS MUST BE RECEIVED BY THE PARENT'S LOCAL UNION PRESIDENT BY MARCH 9th AND LITBF BY MARCH 16TH. IT IS THE RESPONSIBILITY OF THE LOCAL PRESIDENT TO SUBMIT A COMPLETED AND SIGNED APPLICATION, INCLUDING SAT SCORES AND STUDENT TRANSCRIPT WITH GPA. INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE LOCAL PRESIDENT. IF THE APPLICATIONS ARE RESUBMITTED AND COMPLETED BEFORE THE DEADLINE, THEN THEY CAN BE CONSIDERED FOR A SCHOLARSHIP GRANT.

Maximum Award: \$500

Part I - To be completed by the applicant. (PLEASE TYPE OR PRINT) Applicants Name: High School: Home Address: street city state zip Home Telephone Number: Name of College or Post-Secondary educational institution you will be attending: Intended Course of Study: Estimated Cost of First Year: \$ I attest to the accuracy and truthfulness of the information provided herein. Signature of Applicant: ************************

NOTE TO APPLICANT:

Complete and sign Part I, have your parent complete and sign Part II (on reverse side) and have your <u>guidance counselor attach a STUDENT TRANSCRIPT</u> to this application. The completed application, with transcript, should be sent to the <u>PRESIDENT OF YOUR PARENT'S LOCAL</u> for verification and forwarded to the Long Island Teachers Benevolent Fund by no later than <u>MARCH 16TH</u> in order to be considered. <u>ONLY COMPLETED APPLICATIONS WITH TRANSCRIPTS, SAT SCORES AND LOCAL UNION PRESIDENTS SIGNATURES WILL BE CONSIDERED.</u>

WHILE TRANSCRIPTS ARE REQUIRED FOR EACH APPLICATION THEY NEED NOT BE CONFIDENTIAL. SEPARATE ENVELOPES CONTAINING INDIVIDUAL TRANSCRIPTS MERELY ADD TO PROCESSING TIME.

Part II TO BE COMPLETED BY PARENT OR GUARDIAN Father's Name _____ Occupation: Employer: LITBF Member Local: Mother's Name _____ Occupation: Employer: LITBF Member Local If both parents TA are members of the L. I. Teachers Benevolent Fund DO NOT send in duplicate applications from both locals. List below ALL DEPENDENT CHILDREN, INCLUDING APPLICANT, and their ages. Indicate if they are presently full-time college students. Also list other family members who are in college full-time (12 or more credits). NAME AGE COLLEGE OR UNIVERSITY I attest to the accuracy and truthfulness of the information provided herein. (PARENT'S SIGNATURE) (DATE) (NAME OF PARENT'S LOCAL) ************************************** TO BE COMPLETED BY PRESIDENT OF PARENT'S LOCAL Is the parent of this applicant an in-service member of the Local? President's Signature: Date: President's Name: TA Phone No.: TA NAME MAILING ADDRESS