

BESPA-CA

BOCES Educational Support Personnel Association SCHOLARSHIP APPLICATION 2019

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, and letters 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.
3. Attach a copy of acceptance letter from an accredited education institution if available.
(A college letter of acceptance is required prior to the distribution of scholarship funds)
4. Provide a letter of recommendation from a Teacher.
5. Verification of Union Membership and Relationship to Applicant. *Members may contact Membership Representative Valerie Berger at Valerie_Berger@caboces.org*

Please print the application and follow the instructions included. Submit the completed application to BESPA-CA Union Membership Representative Valerie Berger, 505 School Street, Olean NY 14760. Applications must be postmarked no later than Frida, April 18, 2019. Winners will be announced at our General Meeting in May. For more information you may email Anne Raymond, BESPA-CA Co-President, at anne_raymond@caboces.org.

Incomplete applications are void.

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

Student Use	<input type="checkbox"/>	BESPA Eboard Use	<input type="checkbox"/>
Complete Application		Complete Application	
Component School Transcript		Component School Transcript	
Teacher's Letter of Recommendation		Teacher's Letter of Recommendation	
Non-scholastic Letter of Recommendation		Non-scholastic Letter of Recommendation	

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Verification of Membership & Relationship		Verification of Membership & Relationship	
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APPLICANT RESPONSE

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)

8. How will continuing your education help you to attain your career goals?

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APPLICANT RESPONSE

Applicant Name: _____

9. Where do you see yourself in 5 years?

10. 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.

Attach additional sheets of paper with your name, on the top of the page, if necessary to answer all questions.

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TEACHER'S RECOMMENDATION

Name of Instructor: _____

Name of Applicant: _____

Please rank the applicant on the scale below, with five (5) being the highest and one (1) the lowest.

ATTENDANCE	5	4	3	2	1
PUNCTUALITY	5	4	3	2	1
WORK QUALITY	5	4	3	2	1
COOPERATION	5	4	3	2	1
SAFETY	5	4	3	2	1
TEAM	5	4	3	2	1
INITIATIVE	5	4	3	2	1

Why do you recommend this student for this scholarship? (A Letter of Recommendation may be submitted.)

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NON-SCHOLASTIC RECOMMENDATION

Such as a neighbor, coach, employer, religious leader, etc. *cannot be a family member.

Name _____

Phone Number _____

How are you affiliated with student _____?

Why do you recommend this student for this scholarship? (Or Letter of Recommendation may be submitted.)