Applicant’s Full Name:\_

The BESPA-CA Union will be offering either 2 - $750.00 or 3 - $500.00 Continue Your Education Scholarships for graduating high school seniors of registered active members. If we receive 10 or less applications, 2 scholarships will be awarded at $750.00 each. If we receive more than 10 applications, 3 scholarships will be awarded at $500.00 each. In the event that only one 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 an official transcript from his/her component school.

3. Attach an official copy of acceptance letter from an accredited education institution if available.

 *(a letter of acceptance needs to be submitted 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* *or Anne Raymond at (716)307-3720 for membership status)*

**Please print the application and follow the instructions included. Submit the completed application to**

**BESPA-CA Union Co-President, Deanna Steffenhagen, 7271 Cadiz Rd, Franklinville, NY 14737. Applications must be postmarked no later than Monday, April 24, 2017. 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

**or Deanna Steffenhagen, BESPA-CA Co-President, at** **deanna\_steffenhagen@caboces.org**

 **Incomplete applications cannot be accepted.**

**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 |  |
| Non-scholastic Letter of Recommendation |  | Non-scholastic Letter of Recommendation |  |
| Verification of Membership & Relationship |  | Verification of Membership & Relationship |  |

**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. Please describe your career goals and how continuing your education will help you to attain these goals.

**APPLICANT RESPONSE**

Applicant Name:

9. What do you see yourself doing in 5 years?

10. Please describe any extracurricular activities you participate in. This may include but is not limited to community involvement, school activities (sports, clubs, etc.), hobbies, employment.

Please attach additional sheets of paper with your name if necessary to fully answer all questions.

**TEACHER’S RECOMMENDATION**

Name of Instructor:

Name of Applicant:

Please rank the applicant on the scale below, with 5 being the highest and 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 |

Please explain why you would recommend this student for this scholarship? (Or attach a Letter of

Recommendation)

**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain why you would recommend this student for this scholarship? (Or attach a Letter of

Recommendation)