

CSEA LOCAL 818 SCHOLARSHIP APPLICATION

APPLICATION DEADLINE: April 30, 2024

1. **Student's Name:** _____

Address: _____

Name of CSEA Member: (Parent/Guardian) _____

Fulton County CSEA Unit: _____

Work Phone Number: _____

2. Family Data

Father's Name: _____ Place of Employment: _____

Mother's Name: _____ Place of Employment: _____

Brother/Sister	Age	Year In School	Name of College (if applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Please Attach **HIGH SCHOOL TRANSCRIPT**

4. COLLEGE INFORMATION: I plan on attending or have been accepted at _____.

5. I plan to major in _____.

6. Please explain any extenuating circumstance or any unusual financial situation that you want us to consider: _____

7. EXTRA-CURRICULAR ACTIVITIES (clubs, sports, plays, etc.) _____

8. COMMUNITY ACTIVITIES (clubs, religious groups, scouts, other participation not directly related to school): _____

9. PAID AND VOLUNTEER WORK EXPERIENCE:

Work	Employer	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Briefly explain your career objective/goals:

11. **ESSAY:** On a separate sheet of paper, write a short essay (100-200 words) explaining "What Your Local Union Does For You and Your Family".

Signature: _____ Date: _____

CSEA Member Signature _____

ATTACH ANY EXTRA SHEETS ADDING TO OR EXPLAINING ANY OF THE ABOVE, IF NECESSARY.

Return completed application to your guidance office. It will be forwarded to us at the address below.

CSEA LOCAL 818 Scholarships
P.O. BOX 553
Johnstown, NY 12095