

# IRVING FLAUMENBAUM MEMORIAL SCHOLARSHIP APPLICATION

## HIGH SCHOOL SENIORS

• MAIL TO: SCHOLARSHIP COMMITTEE, CSEA, 143 WASHINGTON AVENUE, ALBANY, NEW YORK 12210 •

**FAILURE TO COMPLETE ALL ITEMS or ILLEGIBLE PRESENTATION WILL DETRACT FROM YOUR SCORE.**  
**NOTE:** If additional space is needed to answer any of the following questions, please attach additional sheets of paper — ONLY IF NECESSARY

<b>1</b>	<b>APPLICANT'S Name:</b> _____ <b>APPLICANT'S Address:</b> _____ _____ _____ <b>ZIP:</b> _____	<b>APPLICANT'S Phone Number:</b> (____) _____ - _____ <small style="margin-left: 100px;">AREA CODE</small>
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**2** Applicant **MUST** complete ALL parts of question 2 on this form AND attach transcript with test / score verification.

<b>2a</b>	High School Name: _____ High School Address: _____ _____ High School Graduation Date: _____	<b>2c</b>	Applicant's current, cumulative h.s. grade average ____%* <i>*If grade average system is other than 100% maximum-based, indicate Applicant's...</i> Current cumulative grade average ____ of possible possible maximum base ____
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• THIS APPLICATION PROVIDES AUTOMATIC ENROLLMENT FOR PEARL CARROLL & ASSOC./ MET LIFE SCHOLARSHIPS WHICH ARE BASED ON SCHOLASTIC ACHIEVEMENT •

<b>2b</b>	Applicant's Numerical Class Rank _____ Total number of students in graduating class _____ Applicant's Percentage Rank in that class: ____%	<b>2d</b>	<b>TEST SCORES:</b> <b>S.A.T.</b> Critical Reading: ____ Math: ____ Writing: ____ Total: ____ Date taken: _____ or <b>A.C.T.</b> English: ____ Math: ____ Science: ____ Reading: ____ Comp: ____ Total: ____ Date taken: _____
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**3** PARENT / GUARDIAN INFORMATION: *Section 3a MUST be completed in full, all parts, for both parents.*

• MEMBERSHIP, TITLE and LOCAL and SALARY information MUST BE COMPLETED •

<b>3a</b>	_____ MOTHER'S NAME _____ MOTHER'S EMPLOYER _____ MOTHER'S JOB TITLE _____ 10-DIGIT CSEA ID NUMBER CSEA MEMBER? [ ] Yes [ ] No CSEA Local # _____ \$ _____ MOTHER'S ANNUAL SALARY [ ] separated [ ] divorced [ ] deceased		_____ FATHER'S NAME _____ FATHER'S EMPLOYER _____ FATHER'S JOB TITLE _____ 10-DIGIT CSEA ID NUMBER CSEA MEMBER? [ ] Yes [ ] No CSEA Local # _____ \$ _____ FATHER'S ANNUAL SALARY [ ] separated [ ] divorced [ ] deceased
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**3b** PARENT / GUARDIAN INFORMATION: *Please note — If either parent suffered ACCIDENTAL DEATH (in relation to job duties) and while an active CSEA member (K.I.A.\*\*), OR is DECEASED (unrelated to job duties) and died while an active CSEA member (D.M.\*\*), OR is NOW a totally disabled "gratuitous" member of CSEA or WAS a "gratuitous" CSEA member for one year AND remains totally and permanently disabled (D.I.S.\*\*)* — COMPLETE SECTIONS 3a and 3b. All information is needed for deceased parents membership verification.

- Refer to Section 3a instructions above and check appropriate box  \*\*K.I.A.
- Indicate Date of Occurrence \_\_\_\_\_ of incident checked  \*\*D.M.
- \*\*D.I.S.

**4a** Number of dependent children in family: \_\_\_\_\_ Does this include applicant?  Yes  No

**4b** Number of dependent children in family who will be attending college next year: \_\_\_\_\_ (include applicant)

**5 SPECIAL NEEDS** (If you have a special need because of extenuating circumstances, impairments or handicaps not described elsewhere, please explain)

\_\_\_\_\_  
\_\_\_\_\_

**6** Name of college or school applicant plans on attending: \_\_\_\_\_

College or school location: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

Has applicant been accepted yet? [ ] YES [ ] NO

**7 CURRENT SCHOLARSHIPS:**

[ ] N.Y.S. Regents: \_\_\_\_\_ (annual amount)

[ ] Other: \_\_\_\_\_ (Scholarship Name) \_\_\_\_\_ (annual amount)

\_\_\_\_\_ (Scholarship Name) \_\_\_\_\_ (annual amount)

**8 WORK. List all work experience:**

	PERIOD WORKED	BUSINESS or EMPLOYER'S NAME	JOB TITLE	SALARY	HOURS WORKED WEEKLY
(Present)	1. From _____ to _____ mo / yr mo / yr	_____	_____	_____	_____
	2. From _____ to _____ mo / yr mo / yr	_____	_____	_____	_____
	3. From _____ to _____ mo / yr mo / yr	_____	_____	_____	_____
	4. From _____ to _____ mo / yr mo / yr	_____	_____	_____	_____

• Please fill out **Questions 10 – 13 individually**, i.e., not listed together and attached •

**9** School-related organizations and/or school-related extracurricular activities in which you have been active since entering high school:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10** Non-school-related organizations and/or extracurricular activities in which you have been active since entering high school:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11** List any awards you have received (in or out of school) since entering high school (i.e. student government, honors, citizenship, sports, community service, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**12** Leadership positions since entering high school:

\_\_\_\_\_

**13** CAREER GOALS. Write a short summary of your career goals on a separate piece of paper.

**14** TRANSCRIPT / TEST SCORES: A current OFFICIAL high school transcript (including "S.A.T.-type" scores) must be attached to this application

**• FILING DEADLINE IS APRIL 23rd •**



ALL INFORMATION IS CONFIDENTIAL AND WILL BECOME THE PROPERTY OF CSEA

CSEA, Inc. / Local 1000, AFSCME, AFL-CIO