

## The 2023 ESEA Scholarship Awards Program Application Please type or print all information except for signature. Attach sheets for additional information if needed.



Application Data	NAME: Last		First			MI		
	PERMANENT HOME MAILING ADDRESS:	Address						
		City			State	Zip Code		
	DATE OF BIRTH:	Month	Day	Yea	ar Phone: ( _	)		
	SOCIAL SECURITY #:							
Employee Parent or Guardian	Last Name							
	Job Title		Depa	Department		Length of Service		
	ESEA Member Comp	any		City	/	State		
Information	Work Phone ( ) _			Ho	me Phone ( )			
	Relationship to Applicant The applicant is a dependent of the employee? $\square$ Yes $\square$ No							
	Number of children attending college in 2023-2024 including applicant:							
High School Data Post Secondary School Data	School Name			Gra	duation Date: Month	Year		
	City		State_	Pho	ne ( )			
	to which you have approximately School Name School Name Type of Schools:  Major Course of student will:	oplied. Use offici	al school nam	CityCityCityCityCompared date or	St St mmunity or Junior Co	ate llege (Year)		
Student's Financial Information	FINANCIAL AID: College Work-Study	Program \$		ESTIMA Tuition	TED STUDENT'S COS	TS:		
	Other Campus Empl	9	)		Ry Board \$			
	Scholarships, Grants	•			& Supplies \$			
	NYSHEC (Tuition Ass		•		al Expenses \$			
	Funds from Other Sources \$ Transportation \$							
Work	Describe your work experience during the past four years. Indicate dates of employment in each job							
	Company/Position	n From MC	)/YR. To	MO/YR.	Hours Per Week	Monthly Income		
	· <u> </u>							

**Activities** Awards

List all school activities in which you have participated during the past four years (e.g.: student government, music, sports, etc.). List all community activities in which you have participated, without pay, during the past four years (e.g.: Boy/Girl Scouts, hospital volunteer, Special Olympics, etc.). Indicate all special awards, honors and offices held.



Activity	No. Yrs Partic.	Special Awards Honors	Offices Held	Activity	No. Yrs Partic.	Special Awards Honors	Offices Held



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ASSOCIA

Goals & Aspirations	Make a statement of your plans as they relate to your	educational and ca	areer objectives a					
Unusual Circumstance	Please make any comments or indicate any circumsta  ESEA Scholarship Committee.	•	_					
Teacher/ Counselor/ Supervisor/	As his or her Guidance Counselor or Faculty Advisor, vector make relative to the applicant's general attitude considered strictly confidential and may be of mate continuing education. You may attach additional page	and citizenship. Crial assistance in t	Of course, your of the furtherance of	comments will be of the applicant's				
You have been asked to provide information in support of this application. Please give immediate attention to the following statements. When complete please return to applicant; or, photocopy this section and				_				
Transcript	Applicant must include a high school transcript of grades		,					
	Applicant ranks in a class of Cumulative  PSAT Verbal Math SAT Verbal  School Official's Signature Date  School Official's Address	Math A Title Pho	CT Verbal	Math				
00	City							
Application	This application for a scholarship becomes complete & variaterials: $ \sqrt{  \text{Student Application} }                                  $	The student is responsible for submitting all materials to ESEA on time.  Postmark Deadline is May 31, 2023.						
Selection of	ESEA Scholarship Committee has the sole responsibility criteria as set forth in this Program's Brochure and Appli							
Certification	In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to supply proof of information I have given on this form. Falsification of information may result in termination of any scholarship granted. This application becomes the property							
	Applicant's Signature	Date						
	Employere's Signature		Date					
	ESEA Company Employer's Signature	Date						