



# The 2025 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\_\_\_\_\_Year\_\_\_\_\_Phone: (\_\_\_\_) \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

## Employee Parent or Guardian Information

Last Name\_\_\_\_\_First Name\_\_\_\_\_MI\_\_\_\_\_

Job Title\_\_\_\_\_Department\_\_\_\_\_Length of Service\_\_\_\_\_

ESEA Member Company\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_Home Phone (\_\_\_\_) \_\_\_\_\_

Relationship to Applicant\_\_\_\_\_The applicant is a dependent of the employee? ☐ Yes ☐ No

Number of children attending college in 2025-2026 including applicant:\_\_\_\_\_

## High School Data

School Name\_\_\_\_\_Graduation Date: Month\_\_\_\_\_Year\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Phone (\_\_\_\_) \_\_\_\_\_

## Post Secondary School Data

Name of post-secondary school you plan to attend. If unknown, please list in order of preference the schools to which you have applied. Use official school names.

School Name\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_

School Name\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_

Type of Schools: ☐ 4 yr. College or University ☐ 2 yr. Community or Junior College  
☐ Vocational-Technical ☐ Other, explain \_\_\_\_\_

Major Course of study\_\_\_\_\_Anticipated date of graduation (Month) \_\_\_\_\_ (Year)\_\_\_\_\_

Student will: ☐ Live on campus ☐ Live off campus ☐ Commute from home

## Student's Financial Information



FINANCIAL AID:ESTIMATED STUDENT'S COSTS:

College Work-Study Program \$\_\_\_\_\_Tuition & Fees \$\_\_\_\_\_

Other Campus Employment \$\_\_\_\_\_Room & Board \$\_\_\_\_\_

Scholarships, Grants & Fellowships \$\_\_\_\_\_Books & Supplies \$\_\_\_\_\_

NYSHEC (Tuition Assistance) \$\_\_\_\_\_Personal Expenses \$\_\_\_\_\_

Funds from Other Sources \$\_\_\_\_\_Transportation \$\_\_\_\_\_

## Work



Describe your work experience during the past four years. Indicate dates of employment in each job and approximate number of hours worked each week. List amounts earned at each job.

Company/Position	From MO/YR.	To MO/YR.	Hours Per Week	Monthly Income

## 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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## Goals & Aspirations



Make a statement of your plans as they relate to your educational and career objectives and future goals.

## Unusual Circumstances

Please make any comments or indicate any circumstances you would like to bring to the attention of the ESEA Scholarship Committee.

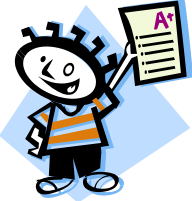
## Teacher/ Counselor/ Supervisor/

As his or her Guidance Counselor or Faculty Advisor, we would be grateful for any remarks you would care to make relative to the applicant’s general attitude and citizenship. Of course, your comments will be considered strictly confidential and may be of material assistance in the furtherance of the applicant’s continuing education. You may attach additional pages if you wish.

You have been asked to provide information in support of this application. Please give immediate attention to the following statements. When completed please return to applicant; or, photocopy this section and return to applicant in a sealed envelope.

Name of School:

## Transcript



Applicant must include a high school transcript of grades & have this section completed by the appropriate school official.

Applicant ranks \_\_\_\_\_ in a class of \_\_\_\_\_ Cumulative Grade Point Average \_\_\_\_\_ /4.0

PSAT Verbal \_\_\_\_\_ Math \_\_\_\_\_ SAT Verbal \_\_\_\_\_ Math \_\_\_\_\_ ACT Verbal \_\_\_\_\_ Math \_\_\_\_\_

School Official’s Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_

School Official’s Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Application



This application for a scholarship becomes complete & valid only when you have returned all of the following materials:

- √ Student Application
- √ Current Transcript(s) of Grades to:

ESEA Scholarship Fund  
250 Jordan Rd., Troy, NY 12180

The student is responsible for submitting all materials to ESEA on time.

Postmark Deadline is May 31, 2025.

## Selection of Recipients

ESEA Scholarship Committee has the sole responsibility for selecting recipients, basing the decision on criteria as set forth in this Program’s Brochure and Application. Decisions of the Committee are final.

## 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 of ESEA.

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer’s Signature \_\_\_\_\_ Date \_\_\_\_\_

ESEA Company Employer’s Signature \_\_\_\_\_ Date \_\_\_\_\_