

SCHOLARSHIP APPLICATION 2016

Please type your answers. <i>Use an additional piece of paper if necessary</i>					
1.	Last Name:	First Name, Middle Initial:			
2.	Mailing Address Street: City: State	e: Zip:			
3.	Daytime telephone number: ()				
	Email address:				
4.	Date of birth: Month Day	Year			
5.	Cumulative Grade Point Average (GPA):	(On a 4.0 scale)			
	SAT Score: or ACT Score:				
6.	Name and location of high school:				
7.	A. List any academic honors, awards and membership activities while in high school:				
	B. List your hobbies, outside interests, extracurricular activities and school related volunteer activities:				
	C. List your non-school sponsored volunteer activities in the community:				
8.	A. If you have decided on the college you wil	ll attend, please list the school name:			
	B. If not, list your top three (3) college choice	es:			



9.	Anticipated field of study:				
10.	Number of years of residency in New York:				
11.	Please list any other scholarships applied for and any awarded:				
12.	Name & address of parent(s) or legal guardian(s): (Include address if different than your own listed in Question 2.) Name(s): Street:				
	City:	State:	Zip:		
	Home phone of parents or legal guardians:	Work phone:			
	Tax ID of parent/guardian:	Badge # of parent/ gua	ardian:		
13.	On a separate paper, please write an essay (250 -	500 words) addressing the fo	llowing:		
	Are there any causes or organizations that especially interest you? Discuss any challenges you have dealt with and overcome and how this will help you succeed in college and beyond.				
14.	One (1) letter of recommendation from a leader you serve or have served	within the volunteer organizat	ion/school/ or job		



STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent, that if chosen as a scholarship winner, my picture may be taken and used to promote the CWA Local 1182 Scholarship Program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner, according to CWA Local 1182 Scholarship policy, it is my responsibility to submit to the CWA Local 1182 Union, no later than August 2017, a certificate of enrollment for the fall semester, which includes the Student ID number and Financial Aid Office address.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Signature of scholarship applicant:	Date:
Signature of parent/guardian:	Date:
STATEMENT OF SUPPORT BY	GUIDANCE COUNSELOR
I hereby affirm that this application meets the criteria se submission of this application to CWA Local 1182 Scho	
Name of Guidance Counselor:	·
High School:	
Contact information (email and phone):	
Signature of Guidance Counselor:	Date:



Checklist:		
Application		
Essay on separate sheet of paper		
Guidance Counselor signature		
One letter of recommendation		

MAIL COMPLETED APPLICATION PACKAGE TO THE CWA Local 1182 at:

CWA Local 1182 Scholarship Committee CWA Local 1182 108-18 Queens Boulevard, Suite 701 Forest Hills, NY 11375

REMINDER:

Applications must be received by the $\overline{\text{CWA Local 1}}$ 182 no later than September 30, 2017 There will be no exceptions!