

The 2022 ESEA Scholarship Awards Program Application Please type or print all information except for signature. Attach sheets for additional information if needed.



Application	NAME:	Last	Last		First		MI	
Data	PERMANENT HOME MAILING ADDRESS:	Address	Address					
		City				ate	Zip Code	
	DATE OF BIRTH:	Month	Day	Yea	ar Ph	one: ()	
	SOCIAL SECURITY #:							
Employee	Last Name		_ Fir	st Name			MI	
Parent or Guardian	Job Title		_ De	epartment		Length	of Service	
	ESEA Member Comp	any		City	У		State	
Information	Work Phone ()			Но	me Phone ()		
	Relationship to Appl	icant	The	applicant is a d	lependent of t	he emplo	yee? 🛮 Yes 🗖N	
	Number of children attending college in 2022-2023 including applicant:							
High	School Name			Gra	duation Date:	Month	Year	
School Data	City		Sta	ate Pho	ne ()			
Secondary School Data	school Name School Name Type of Schools: Major Course of student will:	□ 4 yr. College o□ Vocational-Te	or Universit	CityCity_ zy	mmunity or Ju explain f graduation(Stat nior Colle Month) _	e ege	
Student's Financial Information	FINANCIAL AID: College Work-Study Other Campus Empl Scholarships, Grants NYSHEC (Tuition As: Funds from Other Sc	Program loyment & Fellowships sistance)	\$ \$ \$	Tuition Room & Books &	ATED STUDENT & Fees & Board & Supplies al Expenses ortation	"S COSTS \$ \$ \$ \$ \$		
Work	Describe your work experience during the past four years. Indicate dates of employment in each job and							
WOIK TO THE PARTY OF THE PARTY	Company/Positio	n From MC	D/YR.	To MO/YR.	Hours Per \	Week	Monthly Income	
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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 e	ducational and career objectives and future goals.					
Unusual Circumstance	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							
Transcript	Applicant must include a high school transcript of grades &	thave this section completed by the appropriate					
	Applicant ranks in a class of Cumulative G PSAT Verbal Math SAT Verbal School Official's Signature Date School Official's Address	Math ACT Verbal Math Title Phone ()					
80	City	StateZip					
Application	This application for a scholarship becomes complete & val materials: $ \sqrt{ \text{Student Application} } $	id only when you have returned all of the following The student is responsible for submitting all materials to ESEA on time. Postmark Deadline is May 31, 2022.					
Selection of	ESEA Scholarship Committee has the sole responsibility fo criteria as set forth in this Program's Brochure and Applica						
Certification	In submitting this application, I certify that the information my knowledge. If requested, I agree to supply proof of of information may result in termination of any scholarsh	information I have given on this form. Falsification					
	Applicant's Signature	Date					
	Employere's Signature	Date					
	ESEA Company Employer's Signature	Date					