

The 2024 ESEA Scholarship Awards Program Application Please type or print all information except for signature. Attach sheets for additional information if needed.



Applicatio	n r	NAME:		Lá	Last			First			M	MI			
Data	F	PERMAN		A	ddress								_		
		HOME M ADDRESS		C	ity					Sta	te	Zi	p Code	_	
		DATE OF BIRTH:			Month Day					Phone: ())		
	S	SOCIAL S	ECURITY	(#:											
Employee		Last Name First Name MI													
Parent or Guardian Information		Job Title						Department Length of Service							
	E	ESEA Member Company					City State								
	on 🗤	Work Phone ()						Home Phone ()							
		Relationship to Applicant The second seco						applicant is a dependent of the employee? \Box Yes \Box No							
		Number of children attending college in 2024-2025 including applicant:													
High School Data		School Name						Graduation Date: Month Year							
		City					State	Phone ()							
Post Secondary School		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						CityState					_		
		School Name						CityState					_		
Data	٦	Гуре of S	chools:					□ 2 yr. Co □ Other,			ior Coll	ege			
	١	Major Course of study Anticipated date of graduation (Month) (Year)													
	5	Student will: \Box Live on campus \Box Live off campus \Box Commute from home													
Student's		FINANCIAL AID: ESTIMATED STUDENT'S COSTS:													
Financial Information		College Work-Study Program \$ Tuition & Fees \$ Other Compute Employment \$ Been & Beendow \$													
		Other Campus Employment \$ Room & Board \$ Scholarships, Grants & Fellowships \$ Books & Supplies \$													
		NYSHEC (Tuition Assistance) \$ Personal Expenses \$													
	P	Funds from Other Sources \$ Transportation \$													
Work		Describe your work experience during the past four years. Indicate dates of employment in each job and										ch job and			
		Company/Position			n From MO/YR. To			MO/YR. Hours Per Week			/eek	ek Monthly Income			
Activities								-		-	-		government, ring the past		
Awards	-	r years (e.g.: Boy/Girl Scouts, hospital volunteer, Special Olympics, etc.). Indicate all special awards, honors offices held.													
& ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	and c														
	Activ	vity	No. Yrs Specia		l Awards	Offices Held		Activity		No. Yrs	Special Awards		Offices Hel	d	
		Partic.		Hc	onors						Honors				
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PROFASSOOF P	The 2024 ESEA Scholarship Awards								
Goals & Aspirations	ase type or print all information except for signature. Attach sheets for additional information if needed. ³ * ₄₅₅₀ 5 ⁵ Make a statement of your plans as they relate to your educational and career objectives and future goals.								
Unusual Circumstance	Please make any comments or indicate any circumstances								
Teacher/ Counselor/ Supervisor/	As his or her Guidance Counselor or Faculty Advisor, we to make relative to the applicant's general attitude ar considered strictly confidential and may be of materia continuing education. You may attach additional pages	nd citizenship. Of course, your comments will be al assistance in the furtherance 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 completed please return to applicant; or, photocopy this section and	d 								
Transcript	Applicant must include a high school transcript of grades 8 Applicant ranks in a class of Cumulative G PSAT Verbal Math SAT Verbal	irade Point Average /4.0							
	School Official's Signature Date School Official's Address City								
Application	This application for a scholarship becomes complete & valuaterials: Student Application Current Transcript(s) of Grades to: ESEA Scholarship Fund 250 Jordan Rd., Troy, NY 12180	lid only when you have returned all of the following The student is responsible for submitting all materials to ESEA on time. <u>Postmark Deadline is May 31, 2024</u> .							
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 scholars	information I have given on this form. Falsification							
	Applicant's Signature	Date							
	Employere's Signature	Date							
	ESEA Company Employer's Signature	Date							