

## 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			_ Sta	nte	Zip Code	
	DATE OF BIRTH:	Month	Day	Yea	r Ph	one: ( )		
	SOCIAL SECURITY #:							
Employee Parent or Guardian	Last Name			Name			MI	
	Job Title		Department			Length of Service		
	ESEA Member Comp	City				State		
Information	Work Phone ( )	Home Phone ( )						
	Relationship to Appl	The ap	The applicant is a dependent of the employee? $\Box$ Yes $\Box$ No					
	Number of children attending college in 2025-2026 including applicant:							
High School Data Post Secondary School Data	School Name			Grad	duation Date: I	Month	Year	
	City							
	Name of post-secon to which you have a School Name School Name Type of Schools:  Major Course of student will:	oplied. Use official  ☐ 4 yr. College o  ☐ Vocational-Ted	al school nar	nesCityCity2 yr. CorOther, e	mmunity or Jur	State State_ nior College Month)	 (Year)	
Student's Financial Information	FINANCIAL AID: College Work-Study	Program		ESTIMA Tuition	TED STUDENT	'S COSTS:		
	Other Campus Empl	3				\$ \$		
	Scholarships, Grants & Fellowships \$ Books & Supplies \$							
	NYSHEC (Tuition Ass			Persona	l Expenses	\$		
	Funds from Other So			Transpo		\$		
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/Positio	n From MO	/YR. To	o MO/YR.	Hours Per V	Veek M	1onthly 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 &	Make a statement of your plans as they relate to your educational and career objectives and future goals.							
Aspirations								
4 !								
Unusual	Please make any comments or indicate any circumstances you would like to bring to the attention of the							
Circumstance	ESEA Scholarship Committee.							
Teacher/	As his or her Guidance Counselor or Faculty Advisor, we	would be grateful for any remarks you would care						
Counselor/	d citizenship. Of course, your comments will be							
Supervisor/ considered strictly confidential and may be of material assistance in the furtherance of								
	continuing education. You may attach additional pages i	ir you wisn						
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	Name of School:							
	Applicant must include a high school transcript of grades &	have this section completed by the appropriate						
Transcript	school official.							
. —	Applicant ranks in a class of Cumulative G	rade Point Average /4.0						
A'	PSAT Verbal Math SAT Verbal	Math ACT Verbal Math						
(30)	School Official's Signature Date	Title Phone ( )						
	School Official's Address							
<b>80</b>	City	StateZip						
Application	This application for a scholarship becomes complete & val	id only when you have returned all of the following						
	materials: $\sqrt{}$ Student Application	The student is responsible for submitting all						
	Current Transcript(s) of Grades to:	materials to ESEA on time.						
	ESEA Scholarship Fund	Postmark Deadline is May 31, 2025.						
	250 Jordan Rd., Troy, NY 12180							
Selection of	ESEA Scholarship Committee has the sole responsibility fo							
	criteria as set forth in this Program's Brochure and Applica	tion. Decisions of the Committee are final.						
C 1:C 1:	In submitting this application, I certify that the information provided is complete and accurate to the best							
Certification	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.	my seriorarsmp granteca. This application becomes						
	Applicant's Signature	Date						
	Employere's Signature	Date						
	ESEA Company Employer's Signature	Date						