

# IRVING FLAUMENBAUM MEMORIAL SCHOLARSHIP APPLICATION

## HIGH SCHOOL SENIORS

• MAIL TO: SCHOLARSHIP COMMITTEE, CSEA, 143 WASHINGTON AVENUE, ALBANY, NEW YORK 12210 •

**FAILURE TO COMPLETE ALL ITEMS or ILLEGIBLE PRESENTATION WILL DEDUCT FROM YOUR SCORE.**  
**NOTE:** If additional space is needed to answer any of the following questions, please attach additional sheets of paper — ONLY IF NECESSARY

**1** **APPLICANT'S Name:** \_\_\_\_\_ **APPLICANT'S Social Security No.** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**APPLICANT'S Address:** \_\_\_\_\_ **APPLICANT'S Phone Number:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ **ZIP:** \_\_\_\_\_ AREA CODE

**2** Applicant **MUST** complete ALL parts of question 2 on this form **AND** attach transcript with test / score verification.

**2a** High School Name: \_\_\_\_\_ **2c** Applicant's current, cumulative h.s. grade average \_\_\_\_\_%\*

High School Address: \_\_\_\_\_ *\*If grade average system is other than 100% maximum-based, indicate Applicant's...*

\_\_\_\_\_ ZIP: \_\_\_\_\_ Current cumulative grade average \_\_\_\_\_ of possible

High School Graduation Date: \_\_\_\_\_ possible maximum base \_\_\_\_\_

• THIS APPLICATION PROVIDES AUTOMATIC ENROLLMENT FOR JLT / MET LIFE SCHOLARSHIPS WHICH ARE BASED ON SCHOLASTIC ACHIEVEMENT •

**2b** Applicant's Numerical Class Rank \_\_\_\_\_ **2d** **TEST SCORES:**

Total number of students in graduating class \_\_\_\_\_ **S.A.T.** Verbal: \_\_\_\_\_ Math: \_\_\_\_\_ Total: \_\_\_\_\_

Applicant's Percentage Rank in that class: \_\_\_\_\_% Date taken: \_\_\_\_\_

or **A.C.T.** English: \_\_\_\_\_ Math: \_\_\_\_\_ Science: \_\_\_\_\_

Reading: \_\_\_\_\_ Comp: \_\_\_\_\_ Total: \_\_\_\_\_ Date taken: \_\_\_\_\_

**3** **PARENT / GUARDIAN INFORMATION:** Section 3a **MUST** be completed in full, all parts, for both parents.

• MEMBERSHIP, TITLE and LOCAL information **MUST BE COMPLETED** •

<p><b>3a</b></p> <p>_____ MOTHER'S NAME</p> <p>_____ MOTHER'S SOCIAL SECURITY NUMBER</p> <p>_____ MOTHER'S EMPLOYER</p> <p>_____ MOTHER'S JOB TITLE</p> <p><b>CSEA MEMBER?</b> [ ] Yes [ ] No <b>CSEA Local #</b> _____</p> <p>\$ _____ MOTHER'S ANNUAL SALARY</p>	<p>_____ FATHER'S NAME</p> <p>_____ FATHER'S SOCIAL SECURITY NUMBER</p> <p>_____ FATHER'S EMPLOYER</p> <p>_____ FATHER'S JOB TITLE</p> <p><b>CSEA MEMBER?</b> [ ] Yes [ ] No <b>CSEA Local #</b> _____</p> <p>\$ _____ FATHER'S ANNUAL SALARY</p>
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• SALARY INFORMATION **MUST BE COMPLETED** •

**3b** **PARENT / GUARDIAN INFORMATION: Please note** — If either parent suffered **ACCIDENTAL DEATH** (in relation to job duties) and while an active CSEA member (K.I.A.\*\*), OR is **DECEASED** (unrelated to job duties) and died while an active CSEA member (D.M.\*\*), OR is **NOW** a totally disabled "gratuitous" member of CSEA or **WAS** a "gratuitous" CSEA member for one year **AND** remains totally and permanently disabled (D.I.S.\*\*). — COMPLETE SECTIONS 3a and 3b. All information is needed for deceased parents membership verification.

- Refer to Section 3a instructions above and check appropriate box  **\*\*K.I.A.**
- Indicate Date of Occurrence \_\_\_\_\_ of incident checked  **\*\*D.M.**
- \*\*D.I.S.**

**4a** Number of dependent children in family: \_\_\_\_\_ Does this include applicant?  Yes  No

**4b** Number of dependent children in family who will be attending college next year: \_\_\_\_\_ (include applicant)

**5 SPECIAL NEEDS** (If you have a special need because of extenuating circumstances, impairments or handicaps not described elsewhere, please explain)

\_\_\_\_\_

\_\_\_\_\_

**6** Name of college or school applicant plans on attending:

\_\_\_\_\_

College or school location: \_\_\_\_\_ CITY STATE

Has applicant been accepted yet?     YES    NO

**7 CURRENT SCHOLARSHIPS:**

N.Y.S. Regents: \_\_\_\_\_ (annual amount)

Other: \_\_\_\_\_ (Scholarship Name) \_\_\_\_\_ (annual amount)

\_\_\_\_\_ (Scholarship Name) \_\_\_\_\_ (annual amount)

**8 WORK. List all work experience:**

	PERIOD WORKED	BUSINESS or EMPLOYER'S NAME	JOB TITLE	SALARY	HOURS WORKED WEEKLY
(Present)	1. From _____ to _____ mo / yr      mo / yr	_____	_____	_____	_____
	2. From _____ to _____ mo / yr      mo / yr	_____	_____	_____	_____
	3. From _____ to _____ mo / yr      mo / yr	_____	_____	_____	_____
	4. From _____ to _____ mo / yr      mo / yr	_____	_____	_____	_____

• Please fill out **Questions 10 – 13 individually**, i.e., not listed together and attached •

**9 School-related organizations and/or school-related extracurricular activities in which you have been active since entering high school:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**10 Non-school-related organizations and/or extracurricular activities in which you have been active since entering high school:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**11 List any awards you have received (in or out of school) since entering high school (i.e. student government, honors, citizenship, sports, community service, etc.)**

\_\_\_\_\_

\_\_\_\_\_

**12 Leadership positions since entering high school:**

\_\_\_\_\_

**13 CAREER GOALS. Write a short summary of your career goals on a separate piece of paper.**

**14 TRANSCRIPT / TEST SCORES: A current OFFICIAL high school transcript (including "S.A.T.-type" scores) must be attached to this application**  
Take this completed application to your school's registrar or guidance office and have THE SCHOOL mail the completed application along with the transcript and verification of S.A.T. scores.

**• FILING DEADLINE IS APRIL 15th •**