### CSEA SUFFOLK EDUCATIONAL LOCAL 870 REGION ONE NAVARRO TEAM SCHOLARSHIP

**AWARDS** 

CSEA Local 870 awards four (4) scholarships at \$1000.00 each

to graduating high school seniors.

**ELIGIBILITY** 

Open to children of CSEA Local 870 members. Must be a High School Senior graduating in June of the current year and must

have proof of acceptance at an institution, university, four year

College or Trade School, etc.

ACCEPTANCE for CRITERIA

In 200 words explain WHY you feel you should be considered

for this scholarship.

(This is separate from the career goals essay)

**DEADLINE** 

April 25, 2025

**APPLICATION** 

Download from CSEA870.org or call (631) 475-8700

Send to:

Scholarship Committee

c/o Maria Navarro, President Suffolk Educational Local 870 1731 D North Ocean Avenue Medford, New York 11763

## CSEA SUFFOLK EDUCATIONAL LOCAL 870 REGION ONE NAVARRO TEAM SCHOLARSHIP APPLICATION FOR HIGH SCHOOL SENIORS 2025

MAIL TO: SCHOLARSHIP COMMITTEE, CSEA LOCAL 870, 1731-D NORTH OCEAN AVENUE, MEDFORD, NY 11763

FAILURE TO COMPLETE ALL ITEMS or ILLEGIBLE PRESENTATION WILL RESULT IN DISQUALIFICATION NOTE: If additional space is needed to answer any of the following questions, please attach additional sheets of paper.

\*\*\*Please Do NOT send your application "send receipt requested". If you would like a confirmation that your application has been received please email Local870secretary@gmail.com.\*\*\*

1.	APPLICANT'S NAME:
	APPLICANT'S ADDRESS:
	APPLICANT'S PHONE NUMBER: ()
	APPLICANT'S EMAIL:
_	
2.	HIGH SCHOOL NAME:
	HIGH SCHOOL ADDRESS:ZIP:
	HIGH SCHOOL GRADUATION DATE
3.	Name of CSEA member
	CSEA members School District where employed
	School District Telephone number where you can be reached
	CSEA Unit President Name and Unit Number
	CSEA members ID number which can be found on membership card
	**Please include a copy of this card with this application, this is necessary to complete this application!
<b>4.</b> ı	NUMBER OF DEPENDENT CHILDREN IN FAMILY:
	DOEG TIME INCLUIDE ADDITIONATE VEG [ ] NO. 5 ]
	DOES THIS INCLUDE APPLICANT? YES [ ] NO [ ]
5. r	NUMBER OF DEPENDENT CHILDREN IN FAMILY WHO WILL BE ATTENDING COLLEGE NEXT YEAR: (include applicant).
	PECIAL NEEDS: (If you have a special need because of extenuating circumstances, impairments or handicap not described where, please explain)
_	
/. N	Name of college or school applicant plans on attending:

#### FILING DEADLINE IS APRIL 25, 2025

ALL INFORMATION IS CONFIDENTIAL AND WILL BECOME THE PROPERTY OF CSEA LOCAL 870

# CSEA SUFFOLK EDUCATIONAL LOCAL 870 REGION ONE NAVARRO TEAM SCHOLARSHIP APPLICATION FOR HIGH SCHOOL SENIORS 2025

Has applicant been acce	City pted yet? YES [ ] NO	[ ]	Sta	te	
. CURRENT SCHOLARSHIPS:					
[ ] N.Y.S. Regents:	(annual amou	nt)			
	] Other: (Scholarship Name) (Scholarship Name)				
. WORK: List all work expo	erience:				
PERIOD WORKED	BUSINESS or EMPLOYER'S NAME	JOB TITLE	SALARY	HOURS WORKED WEEKLY	
esent) 1. From to mo/yrmo/yr					
2. From to mo/yr mo/yr					
3. From to mo/yrmo/yr					
4. From to 					
	e received (in or out of school) s rts, community service, etc.)	ince entering hi	gh school (i.e.,	student government,	
L. CAREER GOALS: Write a	short summary of your career goal	s on a separate pi	ece of paper, th	is is separate from the Accepta	
2. TRANSCRIPT/TEST SCOR	ES: An OFFICIAL transcript with tes	st scores MUST ac	company your a	pplication, mailed to Suffolk	
	ES: An OFFICIAL transcript with tespension p Committee, c/o Maria Navarro, F				

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