

CSEA LOCAL 670
SCHOLARSHIP APPLICATION / HIGH SCHOOL SENIORS

Applicants

Date: _____ Social Security Number: _____

Name: _____

Address: _____

City _____ Zip _____
Telephone Number: _____
Area Code _____

High School Name: _____

High School Address: _____

High School Phone: _____
Area Code _____

Applicant's current cumulative H.S. Grade Average _____ %.

High School Graduation Date: _____

If grade average system is other than 100% maximum based, indicate applicant's Current Cumulative grade average _____ of possible maximum base _____

Applicant's Numerical Class Rank: _____ S.A.T. Verbal _____ Math _____
Date taken _____
Or A.C.T. English _____ Math _____
Science _____
Soe _____ Comp _____ Total _____
Date Taken: _____

Total number of students in graduating class: _____

Applicant's percentage rank in the class: _____ **Transcript must be included.**

Member Information

ONLY DEPENDENTS OF LOCAL 670 MEMBERS ARE ELIGIBLE FOR THIS AWARD
Transcript MUST be stamped by School Official, date stamped by Post Office and received by deadline.

Member Name: _____ Marks Verified by _____

Members Social Security Number _____

Members Office Phone Number _____ School Official Counselor _____

Reply To: CSEA Local 670 State Campus, Room 120 Building 12 Albany NY 12240