**2015-16 LONG ISLAND TEACHERS BENEVOLENT FUND**

**LEN MOTISI MEMORIAL SCHOLARSHIP APPLICATION**

**L.I.T.B.F.**

**100 SOUTH MAIN STREET, SUITE 205**

**SAYVILLE, NY 11782**

**ELIGIBILITY:** Children of in service members of NYSUT locals which are participants in the Long Island Teachers Benevolent Fund, who are high school seniors, graduating this year, and who will be attending a post-secondary institution on a full time basis.

**CRITERIA:** Proof of academic achievement by submitting copies (original not necessary) of:

1. School Transcript including the current GPA
2. SAT or ACT Scores

**DEADLINE FOR APPLYING**: Applications must be received by the parent’s local union president by **MARCH 7, 2016.** The local president must forward to the L.I.T.B.F. by **MARCH 14, 2016**.

It is the responsibility of the local president to submit a completed and signed application including school transcript with GPA and SAT or ACT scores. Incomplete applications will be returned. If applications are resubmitted with missing documentations before the deadline they will be considered.

**Part I - To be completed by the applicant/student.**

**(PLEASE TYPE OR PRINT)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of College or Post-Secondary educational institution you will be attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I attest to the accuracy and truthfulness of the information provided herein.

Signature of Applicant (Student):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE TO APPLICANT:**

Complete and sign Part I, have your parent complete and sign Part II and have your **guidance counselor attach a** **STUDENT TRANSCRIPT SHOWING YOUR GPA AND SAT OR ACT SCORES** to this application.

The completed application with all documentation should be sent to the **PRESIDENT OF YOUR PARENT'S LOCAL** for verification and signed by **MARCH 7TH**.

The Local President will then forward everything to the Long Island Teachers Benevolent Fund no later than **MARCH 14TH** in order to be considered.

**ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED.**

**WHILE TRANSCRIPTS ARE REQUIRED FOR EACH APPLICATION, PLEASE DO NOT SEND IN SEALED ENVELOPES. SEALED ENVELOPES SIMPLY ADD TO PROCESSING TIME.**

**Part II TO BE COMPLETED BY PARENT OR GUARDIAN**

Parent’s Name (must be member of L.I.T.B.F. local) \_\_\_\_\_

Local: **Bellmore-Merrick United Secondary Teachers** LITBF Member: **17-065**

Spouse’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ L.I.B.T.F. Member (if applicable)\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If both parents T.A. are members of the L. I. Teachers Benevolent Fund DO NOT send in duplicate applications from both locals.

List below **ALL DEPENDENT CHILDREN**, **INCLUDING APPLICANT**, and their ages. Indicate if they are presently full-time college students (12 or more credits).

NAME AGE COLLEGE OR UNIVERSITY

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I attest to the accuracy and truthfulness of the information provided herein.

PARENT'S SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF PARENT’S LOCAL: **Bellmore-Merrick United Secondary Teachers**

**PART III TO BE COMPLETED BY PRESIDENT OF PARENT’S LOCAL**

**Name of the parent of this applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is the parent of this applicant an in service member of your local? \_\_\_\_\_\_\_\_\_\_\_\_\_**

TEACHERS ASSOCIATION: **Bellmore-Merrick United Secondary Teachers**

MAILING ADDRESS: Brookside School

1260 Meadowbrook Road

North Merrick, NY 11566

TEACHERS ASSOCIATION PRESIDENT:

NAME (PRINT) **Mark Steinberg**

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE\_\_\_\_\_\_\_\_\_\_\_\_

NOTE TO LOCAL: The scholarship check will be made payable to the student. As sometimes students have a different last name than that of a parent, locals are advised to maintain a record of the applicant and the parent’s name.