

# **LOCAL 372**

**N.Y.C. BOARD OF EDUCATION EMPLOYEES**

**SHAUN D. FRANCOIS I, PRESIDENT**

**SCHOLARSHIP APPLICATION**

**2024**

## 2024 LOCAL 372 SCHOLARSHIP FUND

### REGULATIONS GOVERNING USE OF SCHOLARSHIPS

Scholarship awards of three thousand dollars (\$3,000) shall be made for one academic year only during which the recipient attends college, university, community college, technical or trade school. Not more than one three thousand dollars (\$3,000) will be granted to any Applicant. The highest ranking applicant will receive “Wydenia S. Perry Scholarship” in the amount of three thousand five hundred dollars (\$3,500). Award recipients must attend an accredited college, university, community college, technical or trade school which charges tuition.

If the recipient is unable to attend the institution at which he or she intended to enroll due to personal or family illness, a death in the family or military service or other compelling circumstances; his or her scholarship award may be reserved for not more than three (3) years. A recipient returning from military service must notify the Scholarship Fund and apply for readmission within ninety (90) days and return within six months thereafter.

The Scholarship Fund has been established as a New York not-for-profit corporation which is tax exempt under Section 501(c) (3) of the Internal Revenue Code. The Directors of the Fund intend to raise significant monies from affiliates and outside sources to provide greater scholarship opportunities for dependents of Local 372 members. **SCHOLARSHIP AWARD RECIPIENTS ARE SELECTED BY AN INDEPENDENT SELECTION COMMITTEE THAT HAS NO AFFILIATION AND/OR ASSOCIATION WITH LOCAL 372, N.Y.C. BOARD OF EDUCATION EMPLOYEES, LOCAL 372 EXECUTIVE BOARD MEMBERS AND LOCAL 372 STAFF MEMBERS.**

## **LOCAL 372 SCHOLARSHIP FUND AWARD GUIDELINES**

Scholarship awards will be based upon personal achievements and potential, character, social awareness, volunteer efforts, career goals and financial need. An Independent Selection Committee will select the scholarship award recipients. This Independent Selection Committee shall not have any affiliation and/or association with Local 372, N.Y.C. Board of Education Employees Union, with the Executive Board Members and with the Staff.

## **LOCAL 372 SCHOLARSHIP FUND ELIGIBILITY REQUIREMENTS**

### **Student Applicants**

1. Applicants to the scholarship program for a particular year must either (a) be graduating from high school or (b) enrolled in an accredited college, university, community college, technical or trade school in that program year.
2. The Applicant must be accepted at any of these institutions at the time of the award and provide proof of acceptance i.e. registration, bill from bursars' office, school housing receipt.
3. The applicant's parent or legal guardian must be a Local 372 member in good standing.

### **Parent or Legal Guardian**

The applicant's Local 372 parent or legal guardian must have been a member in good standing during the twelve (12) consecutive months preceding the application deadline of **May 24, 2024**. In addition, the Local 372 parent or legal guardian must not have been an officer or employee of Local 372, District Council 37 or any AFCSME local union during this period.

## **Local 372 Scholarship Fund Application Instructions**

1. The application must be filled out by the applicant. Please type or print clearly.
2. All requirements must be met and all information must be completed in order for the application to be considered.
3. As soon as possible after obtaining this application, bring the “Academic Record” portion to the administrative office of your high school for completion (or college, university, community college, technical or trade school, if you are currently attending any of these institutions). The completed Academic Record form should be mailed directly by your school to the Local 372 Scholarship Fund Office.
4. Enclose with your application **one sealed letter of reference** from a teacher, instructor or other adult (except a family member) who is familiar with your achievements and abilities. Instruct your reference to sign his/her name across the seal of the envelope. **Applications without letters of reference will not be considered; do not send letters of reference separately.**
5. Attach an essay of no more than 500 words describing your career goals and aspirations, your work experience, community service and achievements. Highlight your relationship with the union and the labor movement, and explain why you are deserving of a union scholarship. **Applications without essays will not be considered; do not send essays separately.**
6. The union membership verification form must be signed by the Local 372 Scholarship Coordinator and submitted with the application. **Applications without union membership verification forms will not be considered; do not send union membership verification forms separately.**
7. Retain a copy of the completed application for your files.
8. Please include in this application a brief biography of one hundred words with a 2x3 picture.
9. Attach a copy of birth certificate to the application. **Applications without a copy of your birth certificate will not be considered.**

**APPLICATIONS FOR THE “2024 SCHOLARSHIP FUND PROGRAM” RECEIVED  
AFTER MAY 24, 2024 WILL NOT BE PROCESSED.**

# Local 372 Scholarship Fund Application

**1. Name**

LAST \_\_\_\_\_

FIRST \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

**2. Address**

STREET \_\_\_\_\_

CITY AND STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_  
Area code

**3. Social Security Number:** \_\_\_\_\_

**4. Sex**  M  F **Date of Birth** \_\_\_\_\_  
month day year

**5. Disabled**  Yes  No If yes, check one:  blind  deaf  other

**6. School Currently Attending**

(a) **High School** \_\_\_\_\_  
Name and address

(b) **Other Institution (i.e., college, university, community college, technical or trade school)** \_\_\_\_\_  
Name and Address

**7. (a) Expected Date of High School Graduation** \_\_\_\_\_, 20\_\_.

(b) **If already attending college, university, community college, technical or trade school, Expected Date of Graduation** \_\_\_\_\_, 20\_\_.

**8. For High School Students Only: Early Admission Student:**  Yes  No

**9. For High School Students Only: Full names of the accredited college, university, community college, technical or trade school to which you have applied or plan to attend.**

**First Choice** \_\_\_\_\_  
Name City and State

**Second Choice** \_\_\_\_\_  
Name City and State

**10. Full Name of Local 372 Parent or Legal Guardian** \_\_\_\_\_

**Work Location** \_\_\_\_\_  
City and State

**Parent or Legal Guardian's Occupation** \_\_\_\_\_

**11. Parent or Legal Guardian's Social Security Number** \_\_\_\_\_

**12. Estimated Financial Need**

List the total anticipated amount you will need for the year. \$ \_\_\_\_\_  
Include the cost of tuition plus expenses of transportation, room and board, and books.

List the financial aid programs in which you will participate or have applied for, such as partial scholarships provided by the school, an alumni association, government or other group.

Source: \_\_\_\_\_ minus \$ \_\_\_\_\_

Source: \_\_\_\_\_ minus \$ \_\_\_\_\_

List funds you will receive from any other source, such as parental assistance, employment or gifts. minus \$ \_\_\_\_\_

Calculate the net amount you will need by subtracting your funding (from financial aid and any other sources listed above) from your total amount needed. **NET AMOUNT NEEDED** \$ \_\_\_\_\_

Please provide any additional information that you believe would be helpful to the Scholarship Committee in assessing your personal or financial need.

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**Local 372 Scholarship Fund**

**ACADEMIC RECORD**

**2024 SCHOLARSHIP FUND PROGRAM**

**This form must be completed by the applicant's high school. Due Date: May 24, 2024**

**Social Security #** \_\_\_\_\_

**Please print or type:**

**Applicant's name** \_\_\_\_\_  
Last First Middle Initial

**I. SCHOOL INFORMATION**

Name of High School or Other Institution (i.e., college, university, community college, technical or trade school) \_\_\_\_\_

Address \_\_\_\_\_

**II. GRADE POINT AVERAGE**

Please indicate the student's grade average in the spaces below.

Student has cumulative GPA of \_\_\_\_\_ at the end of \_\_\_\_\_.

**III. SCHOOL TRANSCRIPT**

Please attached an official transcript bearing the school's seal or principal's or admissions official's signature to the third page of this form. Please note that the transcript is to include all high school grades through the junior year. Please ensure that the transcript is attached securely.

**NOTE TO HIGH SCHOOL OR ADMISSIONS OFFICIAL:**

**PLEASE SEND THIS FORM DIRECTLY TO:**

**LOCAL 372**

**N.Y.C. BOARD OF EDUCATION EMPLOYEES**

**SCHOLARSHIP COORDINATOR - SCHOLARSHIP FUND**

**20 WEST 33<sup>RD</sup> STREET, 8<sup>TH</sup> FLOOR, NEW YORK, N.Y. 10001**



**Local 372 Scholarship Coordinator's  
Membership Verification**

**MEMBERS NAME** \_\_\_\_\_ **SS.** \_\_\_\_\_

1. I hereby certify that the above-named Local 372 member has not been an officer or employee of this Local Union, District Council 37 or AFSCME Local Union and has been a member in good standing (check the appropriate letter below):

- a. \_\_\_\_\_ For a minimum of 12 consecutive months prior to the application deadline of May 24, 2024.
- b. \_\_\_\_\_ For a minimum of 12 consecutive months prior to his/her (circle one), retirement / disability / death.
- c. \_\_\_\_\_ For a minimum of 12 consecutive months prior to his/her current layoff.  
Date of layoff: \_\_\_\_\_  
month/day/year
- d. \_\_\_\_\_ For less than 12 consecutive months prior to the application deadline of May 24, 2024 but has had 12 consecutive months of membership in good standing at some other time.
- e. \_\_\_\_\_ Since \_\_\_\_\_ after his/her transfer from Local Union \_\_\_\_\_. I have checked into his/her previous membership record with Local Union(s) and his/her total consecutive months of membership in good standing add up to 12 months (check one):  Yes  No

2. I verify, on the basis of the parent's (or legal guardian's) membership record, that his/her child would be eligible to apply for this program (check one):  Yes  No

3. **Only the signature of Local 372 Scholarship Coordinator is acceptable.**

\_\_\_\_\_  
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AFTER MAY 24, 2024 WILL NOT BE PROCESSED.**

**PLEASE RETURN THIS FORM WITH APPLICATION**