

**2017 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 6, 2017**. The local president must forward to the L.I.T.B.F. by **MARCH 13, 2017**. 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: _____

Home Address: _____

Home Telephone Number: _____

High School: _____

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 documentations should be sent to the **PRESIDENT OF YOUR PARENT'S LOCAL** for verification and signed and then forwarded to the Long Island Teachers Benevolent Fund no later than **MARCH 13TH** 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

Parent name (must be **member** of L.I.T.B.F. association) _____

Parent's teacher association: _____

Is this association a member of L.I.T.B.F.(circle one) YES or NO

Spouse

*Spouse's name (Needed only if the spouse is a member of a teacher association that is a LITBF member) _____

*Spouse's Teacher Association: _____

Is this association a member of L.I.T.B.F.(circle one) YES or NO

*If both parents Teachers Association 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, UNIVERSITY or K-12 school
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

PARENT'S SIGNATURE _____ DATE _____

NAME OF PARENT'S TEACHER ASSOCIATION _____

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

PLEASE NOTE: 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.

Name of the parent of this applicant: _____
Is the parent of this applicant an in service member of your local? _____

TEACHER ASSOCIATION: _____

TEACHER ASSOCIATION MAILING ADDRESS:

TEACHER ASSOCIATION PRESIDENT

NAME (PRINT) _____

SIGNATURE: _____

DATE _____