

# CSEA LOCAL 818 SCHOLARSHIP APPLICATION

**APPLICATION DEADLINE: April 30, 2025**

1. **Student's Name:** \_\_\_\_\_

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

\_\_\_\_\_

**Name of CSEA Member:** (Parent/Guardian) \_\_\_\_\_

**Fulton County CSEA Unit:** \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

2. Family Data

Father's Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Brother/Sister	Age	Year In School	Name of College (if applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Please Attach **HIGH SCHOOL TRANSCRIPT**

4. COLLEGE INFORMATION: I plan on attending or have been accepted at \_\_\_\_\_.

5. I plan to major in \_\_\_\_\_.

6. Please explain any extenuating circumstance or any unusual financial situation that you want us to consider: \_\_\_\_\_

\_\_\_\_\_.

7. EXTRA-CURRICULAR ACTIVITIES (clubs, sports, plays, etc.) \_\_\_\_\_

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8. COMMUNITY ACTIVITIES (clubs, religious groups, scouts, other participation not directly related to school): \_\_\_\_\_

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9. PAID AND VOLUNTEER WORK EXPERIENCE:

Work	Employer	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Briefly explain your career objective/goals:

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11. **ESSAY:** On a separate sheet of paper, write a short essay (100-200 words) explaining "What Your Local Union Does For You and Your Family".

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CSEA Member Signature \_\_\_\_\_

ATTACH ANY EXTRA SHEETS ADDING TO OR EXPLAINING ANY OF THE ABOVE, IF NECESSARY.

Return completed application to your guidance office. It will be forwarded to us at the address below.

**CSEA LOCAL 818 Scholarships P.O.  
BOX 553  
Johnstown, NY 12095**