# NEW YORK CONFERENCE OF ITALIAN-AMERICAN STATE LEGISLATORS

# Assemblyman James D. Conte Memorial

# Academic Scholarship

**DUE MARCH 29th, 2019**

**You may apply for this scholarship ONLY if you**:

1. have demonstrated a grade point average of 85 and over,
2. have good conduct and demonstrate the dedication to pursue and complete a higher education degree,
3. are active in community service and extracurricular activities, and
4. can demonstrate financial need.

Name:

Last First Middle

Home Phone Number Alternate Phone Number

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

Street

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

City State Zip Code

State Senate Representative:

State Assembly Representative:

**Academic & Achievement Information:**

College or University you will be attending in 2019-2020:

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

School Name City State

Enrollment status for 2019-2020: Freshman Sophomore Junior Senior

Major 2019-2020

(*include minor if applicable)*

Cumulative GPA Expected date of graduation:

Athletic and Extracurricular Activities:

See Back

# ACADEMIC SCHOLARSHIP

**Financial Information:**

List all college scholarships and/or financial aid (grants, loans, work study, etc.) you have previously received

or are currently receiving:

**Scholarship or Financial Aid Academic Year Amount**

## Additional Information:

Please attach the following:

1. A brief biography listing honors received, volunteer service activities, clubs, extracurricular activities, etc.
2. A brief outline of your educational goals.
3. A brief outline of your financial need.
4. A brief essay (500 words) on a current public issue of interest.
5. A school transcript indicating your **GPA** (*incoming freshman must provide a high school transcript and college acceptance letter).*

I have verified my application and understand that it will be disqualified if late, incomplete, inaccurate, or unsigned.

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

FOR STATE CONFERENCE LEGISLATORS OFFICE USE ONLY:

Date Application Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Please date stamp)*

Staff Member’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_