


			COLLEGE:							
			#1	TRANSCRIPTS RECEIVED						
FOR	GR	1040				SEL. COM.				
NON-TAX	DEP	AS								
INV	PROP & BUS	SL								
STAT		#2								
				PRE	SEL	ALT	IN.			

### APPLICATION FOR COLLEGE SCHOLARSHIP FUND - 2019 SCHOLARSHIP PROGRAM

The United Federation of Teachers in cooperation with the New York City Board of Education sponsors an annual scholarship program for High School Seniors from low income families graduating from New York City's Public High Schools. The award, a \$5,000 scholarship payable at the rate of \$1,250 per year, will be based on the student's record as contained in the application form. The award is for undergraduate study only. To be eligible for this program, a family's total income from all sources must not exceed the low income criteria established by the Fund. (A table relating family size to maximum permissible income is included in the accompanying instruction sheet. In addition to income, family assets and resources are considered in determining eligibility.)

The Albert Shanker College Scholarship may be used at any college accredited by one of the six regional accrediting agencies which agree to use the award in a manner approved by the Fund.

An independent committee of educators will review the applications and submit a list of recommended award winners to the Albert Shanker College Scholarship Award Committee. The determination of the Award Committee is final on all questions. Awards will be announced in April. Special certificates will be issued to the High Schools for presentation to award winners at the schools' commencement ceremonies.

**APPLICANTS ARE REQUIRED TO APPLY FOR FINANCIAL ASSISTANCE PROVIDED BY THE PELL GRANT PROGRAM OF THE FEDERAL GOVERNMENT. PLEASE READ ITEM #26 BEFORE COMPLETING THIS APPLICATION.**

#### DIRECTIONS TO APPLICANT

**With this application you received an instruction sheet.  
Read the instructions for each item as you fill out the application.**

**Check below when you have completed each step.**

- 1. Fill in completely all applicable items from 1-26. Please PRINT IN INK OR TYPE all information. Item 27 is to be used to provide the Selection Committee with any additional information necessary to answer items 1-26. **The Fund may request additional information from applicants.**
- 2. You should enclose RECOMMENDATIONS from the UFT Chapter Chairman, teachers or other individuals who have knowledge of your qualifications.
- 3. Please enclose (PRINT IN INK OR TYPE) an essay which you feel will promote your selection. Your essay must include information such as (1) Your extra curricular activities; (2) Your educational or professional goals; (3) Jobs you have held; (4) Community or school service; (5) Your leadership roles in school and (6) Special home or family situations. Additional sheets may be used.
- 4. Make sure that you have enclosed inside this application, the required copies of tax returns, your essay and all recommendations in the self-addressed envelope provided. It will help keep your documents together and safe from loss. Be sure to affix sufficient postage. Do not send original documents since they cannot be returned.
- 5. Bring the application with the supporting documents to your guidance counselor for completion of the school's portion. The school's office will mail the application.

#### DIRECTIONS TO THE COUNSELOR

Please check the application to ensure that the applicant has completed his portion of the application and included supporting financial documents and recommendations. Please do not staple.

- 1. Complete items 28-31.
- 2. Your comments will be greatly appreciated.
- 3. PLEASE HAVE A COPY OF THE APPLICANT'S TRANSCRIPT ENCLOSED.
- 4. **The application with all supporting documents must be mailed in the self-addressed envelope by January 31, 2019.**

1. LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

2. DATE OF BIRTH \_\_\_\_\_ 3. SEX \_\_\_\_\_ 4. HIGH SCHOOL \_\_\_\_\_

5. ADDRESS \_\_\_\_\_  
NUMBER STREET APT.  
 \_\_\_\_\_  
BOROUGH (Be specific: Give full address such as Jamaica, St. Albans, etc.) NY ZIP

6. PHONE \_\_\_\_\_ 7. AGE \_\_\_\_\_  
 If you have no phone, please give the number of a relative, friend or neighbor who can get a message to you.  
 Person's Name \_\_\_\_\_ Phone \_\_\_\_\_

8. SOCIAL SECURITY NUMBER \_\_\_\_\_

9. CELL PHONE NUMBER \_\_\_\_\_

10. E-MAIL ADDRESS \_\_\_\_\_

11. HIGH SCHOOL CODE \_\_\_\_\_  
 "ASK YOUR COLLEGE ADVISOR OR COUNSELOR FOR THIS CODE" (EX. Q415= BENJAMIN N. CARDOZO HS)

**FAMILY DATA**

<p>12. FATHER*, STEPFATHER OR GUARDIAN</p> <p>NAME _____ AGE _____</p> <p>12a. _____  <small>SOC. SEC. #</small></p> <p>12b. _____  <small>STREET ADDRESS</small></p> <p>CITY _____ STATE _____ ZIP _____</p> <p>12c. _____  <small>OCCUPATION (even if presently unemployed)</small></p> <p>12d. _____  <small>EMPLOYER</small></p> <p>12e. _____  <small>EMPLOYER'S ADDRESS</small></p> <p>12f. CHECK IF SELF-EMPLOYED <input type="checkbox"/></p>	<p>13. MOTHER*, STEPMOTHER OR GUARDIAN</p> <p>NAME _____ AGE _____</p> <p>13a. _____  <small>SOC. SEC. #</small></p> <p>13b. _____  <small>STREET ADDRESS</small></p> <p>CITY _____ STATE _____ ZIP _____</p> <p>13c. _____  <small>OCCUPATION (even if presently unemployed)</small></p> <p>13d. _____  <small>EMPLOYER</small></p> <p>13e. _____  <small>EMPLOYER'S ADDRESS</small></p> <p>13f. CHECK IF SELF-EMPLOYED <input type="checkbox"/></p>
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\*If either natural parent is deceased or unknown, give details on back. Information under items 12 & 13 should concern living individuals.

14. PARENTS' CURRENT MARITAL STATUS:  SINGLE  MARRIED  
 SEPARATED \_\_\_\_\_  DIVORCED \_\_\_\_\_  WIDOWED \_\_\_\_\_  
DATE DATE DATE

14a. If separated or divorced submit legal separation or divorce decree

15. BROTHERS AND SISTERS LIVING WITH YOU (See instructions page 1)

NAME	AGE	OCCUPATION OR SCHOOL (Specify)
_____	_____	_____
_____	_____	_____

15a. Name(s) of sibling(s) who received prior U.F.T. Awards:

_____	Year Received: _____
_____	Year Received: _____
_____	Year Received: _____

16. SPECIAL TALENTS: \_\_\_\_\_

17. HOBBIES: \_\_\_\_\_

**FINANCIAL INFORMATION**

**INCOME (Be sure to use instruction sheet when completing this section)**

With this application you MUST submit:

1. Photo copies of complete 2017 Federal Income Tax Returns (Forms 1040, 1040A, or 1040 EZ) for each member of the family who filed such a report. You must include all schedules.
2. A copy of all W-2 and 1099 Forms received by family members.
3. Proof of income if family is supported in whole or in part by Veteran's benefits, alimony or pension fund.
4. Photo copy of 2017 Award Letter if supported in whole or in part by Social Security.
5. Photo copies of I.D. card and Family Budget if supported in whole or in part by Public Assistance.

**18. ADJUSTED GROSS INCOME** (From line 37 of IRS Form 1040 or line 21 of IRS 1040A) **(You must answer all that apply.)**  
 If not applicable enter NA 2017

FATHER'S EARNINGS \$ \_\_\_\_\_ MOTHER'S EARNINGS \$ \_\_\_\_\_ TAXABLE TOTAL \$ \_\_\_\_\_

**19. NON TAXABLE INCOME** — Annual Amount For proof required in each category, see instructions.

- |  |   |
|--|---|
| a. Public Assistance: Case no. _____ From _____ To _____ \$ _____        | e. Child Support \$ _____                   |
| b. Social Security (For all family members) From _____ To _____ \$ _____ | f. Other: (See instructions) _____ \$ _____ |
| c. Veteran's Benefits: From _____ To _____ \$ _____                      | NON TAXABLE TOTAL \$ _____                  |
| d. Unemployment Insurance: Unemployed From _____ To _____ \$ _____       | TOTAL ANNUAL INCOME: \$ _____               |

**ASSETS (Be sure to use instruction sheet when completing this section)**

**(You must answer all that apply.)**

- 20.** Does your family own: (Check all appropriate categories)  
 \_\_\_\_\_ Single family home? \_\_\_\_\_ Two family home \_\_\_\_\_ Three or more family home? \_\_\_\_\_ A Co-op? \_\_\_\_\_ A Condominium?  
 Purchase price \$ \_\_\_\_\_ Date of Purchase \_\_\_\_\_ Present Value \$ \_\_\_\_\_ Original Mortgage \$ \_\_\_\_\_  
 Unpaid Mortgage \$ \_\_\_\_\_ Monthly Mortgage Payment \$ \_\_\_\_\_ If a Co-op or Condominium, what is your monthly carrying charge? \$ \_\_\_\_\_
- 21.** Does your family rent?  Yes  No What is your monthly rent? \$ \_\_\_\_\_
- 22.** Does your family own a car?  Yes  No Make \_\_\_\_\_ Year \_\_\_\_\_ Balance of Car Loan \$ \_\_\_\_\_
- 23.** Cash in Checking Account \$ \_\_\_\_\_ Savings Account \$ \_\_\_\_\_
- 24.** Does your family own a business?  Yes  No  
 Type \_\_\_\_\_ Location \_\_\_\_\_ Date of Purchase \_\_\_\_\_ Total Value \$ \_\_\_\_\_
- 25.** Other Family Assets (Investments, Real Estate, etc.)?  Yes  No Describe in detail in item 27.

**26. WE AFFIRM THAT TO THE BEST OF OUR KNOWLEDGE THE INFORMATION REPORTED ON THIS AND THE ENCLOSED DOCUMENTS IS COMPLETE AND CORRECT. IT IS SUBMITTED WITH THE INTENTION THAT IT IS TO BE RELIED UPON BY THE ALBERT SHANKER COLLEGE SCHOLARSHIP FUND SELECTION COMMITTEE IN DETERMINING THE APPLICANT'S ELIGIBILITY FOR A SCHOLARSHIP AWARD. THE ALBERT SHANKER COLLEGE SCHOLARSHIP FUND HAS OUR PERMISSION TO VERIFY THE INFORMATION REPORTED AND COMMUNICATE WITH THE APPLICANT'S PARENT OR GUARDIAN AS NECESSARY IN THE CONSIDERATION OF THIS APPLICATION. FALSE OR MISLEADING INFORMATION WILL RESULT IN DISQUALIFYING THE APPLICANT OR REVOKING THE SCHOLARSHIP.**

I UNDERSTAND THE IF I AM SELECTED AS AN ALBERT SHANKER SCHOLARSHIP RECIPIENT, I MUST APPLY FOR FEDERAL FINANCIAL AID.

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

\_\_\_\_\_  
 SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
 DATE

*Note: Have you completed item 27 on the back of this application?*

**SCHOLARSHIP INFORMATION**

- 28.** SCHOLASTIC AVERAGE \_\_\_\_\_ **28a.** RANK IN CLASS \_\_\_\_\_ **28b.** PERCENTILE STANDING \_\_\_\_\_  
 (6 TERMS) (6 TERMS)
- 29.** GRADUATION IS ANTICIPATED FEBRUARY  JUNE  SUMMER
- 30.** SPECIAL PROGRAMS COLLEGE DISCOVERY  COLLEGE BOUND  OTHER (SPECIFY) \_\_\_\_\_

PRINCIPAL OR COUNSELOR

**31.** ON A SEPARATE SHEET OF PAPER, PLEASE WRITE A SUMMARY APPRAISAL OF THE CANDIDATE, ASSESSING HIS ACADEMIC AND PERSONAL QUALITIES. INCLUDE ANY SPECIAL QUALITY OR TALENT HE POSSESSES. ALSO PLEASE CITE ANY SPECIFIC EVENT OR SPECIAL CIRCUMSTANCES WHICH GIVE INSIGHTS INTO THE STRENGTHS AND WEAKNESSES OF THE APPLICANT. PLEASE INFORM US IF THE STUDENT IS DISABLED OR HAS A SERIOUS HANDICAP.

DATE: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_ PHONE/EXT. \_\_\_\_\_

SCHOOL SEAL  
 OR OFFICIAL  
 SCHOOL STAMP

