#### NEW YORK CONFERENCE OF ITALIAN-AMERICAN STATE LEGISLATORS

## Assemblyman James D. Conte Memorial Scholarship

## (ACADEMIC)

#### 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:		0			
		Street			
City	State		Zip Code		
State Senate Representativ	e:				
State Assembly Representa	ative:				

### Academic & Achievement Information:

College or University you will be attending in 2014-2015:

School Name	City	State		
Enrollment status for 2014-2015:	_Freshman	Sophomore	Junior	Senior
Major 2014-2015(include minor if applicable)				
Cumulative GPA	Expec	ted date of graduatio	n:	
Athletic and Extracurricular Activities	:			

#### FOR STATE CONFERENCE LEGISLATORS OFFICE USE ONLY:

Staff Member's Signature: \_\_\_\_\_

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#### **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\_\_\_\_\_