

NEW YORK CONFERENCE OF ITALIAN-AMERICAN STATE LEGISLATORS

**Assemblyman James D. Conte Memorial
Academic Scholarship**

DUE APRIL 21st, 2017

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 2017-2018:

School Name City State

Enrollment status for 2017-2018: _____ Freshman _____ Sophomore _____ Junior _____ Senior

Major 2017-2018 _____
(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: _____