

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

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

**DUE MARCH 16<sup>th</sup>, 2020**

**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 2020-2021:**

School Name City State

**Enrollment status for 2020-2021:** \_\_\_\_ Freshman \_\_\_\_ Sophomore \_\_\_\_ Junior \_\_\_\_ Senior

**Major 2020-2021** \_\_\_\_\_  
(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 verify my application and understand that it is ineligible for consideration if submission is late, incomplete, inaccurate, or unsigned.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **MAIL COMPLETED PACKET TO:**

Senator \_\_\_\_\_

Room \_\_\_\_\_ Legislative Office Building

Albany, New York 12247

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

**Date Application Received:** \_\_\_\_\_  
(Please date stamp)

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