2024 LONG ISLAND TEACHERS BENEVOLENT FUND LEN MOTISI MEMORIAL SCHOLARSHIP APPLICATION

L.I.T.B.F. 100 SOUTH MAIN STREET, SUITE 205 SAYVILLE, NY 11782

ELIGIBILITY: Children of dues paying in-service members of NYSUT locals which are participants in the Long Island Teachers Benevolent Fund, who are high school seniors, graduating this year, and who will be attending a post-secondary institution on a full time basis.

CRITERIA: Proof of academic achievement by submitting a copy of school transcript showing the applicant's **Current GPA. If GPA is not based on the 100-point scale, you must provide documentation** from your child's Guidance Office for which scale the district uses (such as 4.0 or 5.0). *Original not needed and please do not send in a sealed envelope.

DEADLINE FOR APPLYING: Applications must be received by the parent's local union president by **MARCH 4, 2024**. It is the responsibility of the local president to submit a completed and signed application including a school transcript with current GPA. **Incomplete applications will be returned**. If applications are resubmitted with the necessary documentation before the deadline, they will be considered. The local president must mail the application to the L.I.T.B.F. by **MARCH 11, 2024**.

Part I- To be completed by the applicant/student. (PLEASE TYPE OR PRINT)

Name:			
Home Address:			
Home Telephone Number:			
High School:			<u>.</u>
GPA Scale based on: 100			
Name of College or Post-Secon	ndary education	al institutions y	ou will be attending
considering:			
I attest to the accuracy and truth	nfulness of the i	nformation pro	vided herein.
Signature of Applicant			
(Student):		Date	<u>:</u>

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Part II- To be completed by the Parent or Guardian of the applicant. (PLEASE TYPE OR PRINT)

Parent's Local Union Name	and #:						
Name of building that paren	t member works:_						
Parent Name:		(must be a member of L.I.T.B.F. association					
NYSUT Member #:	(Applicat	tion will not be accepted without this #)					
		tion that is a L.I.T.B.F. member)					
Spouse's Name.							
NYSUT Member #:	(Applic	(Application will not be accepted without this #)					
*If both parents Teachers Associa in duplicate applications from both		the L. I. Teachers Benevolent Fund <u>DO NOT</u> send					
List below ALL DEPENDENT Cl are presently full-time college s		IG APPLICANT, and their ages. Indicate if they credits).					
NAME	AGE	COLLEGE, UNIVERSITY or K-12 school					
I attest to the accuracy and	truthfulness of the	information provided herein.					
Parent's Signature:		Date:					

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Part III- To be completed by the President of the parent's local. (PLEASE TYPE OR PRINT)

*PLEASE NOTE: The scholarship check will be made payable to the student. As sometimes students have a different last name than that of a parent, locals are advised to maintain a record of the applicant and the parent's name.

Name of the parent of this applicant:				
Is the parent of this applicant an in service dues paying member of your local?				
Teacher Association:				
Teacher Association Mailing Address:				
ALL SCHOLARSHIPS AWARDED TO LOCAL WILL BE MAILED TO THIS ADDRESS				
	-			
	-			
	-			
(Add member's building location if you wish it to be added to	the scholarsh	ip check's memo line)		
GPA Scale based on: 100	5.0	other		
President Name(please print):				
President's Signature:		Date:		
CHECKLIST BEFORE SENDING				
Does transcript include G.P.A.? (Please highlique)	ght)			
Has the application been signed by the local F	resident?			
Are all transcripts removed from sealed envelopes?				

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