# 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.

**<u>CRITERIA</u>**: Proof of academic achievement by submitting a copy of school transcript showing the applicant's <u>**Current GPA**</u>. If <u>GPA</u> is not based on the <u>100-point scale</u>, you <u>must provide</u></u> <u>documentation</u> 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:	
GPA Scale based on: 100 4.0 5.0 other	
Name of College or Post-Secondary educational institutions you will be attend	ing or are
considering:	
I attest to the accuracy and truthfulness of the information provided herein.	
Signature of Applicant	
(Student):Date:	

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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 #: <u>Bellmore M</u>	lerrick United Secondary Teachers #17-065			
Name of building that parent	t member works:_				
Parent Name:		(must be a member of L.I.T.B.F. association)			
NYSUT Member #:	(Applicat	(Application will not be accepted without this #)			
*Spouse's Local Union Nam (Needed only if the spouse is a memb	e and #: per of a teacher associat	ion that is a L.I.T.B.F. member)			
Spouse's Name:					
NYSUT Member #:	(Applica	ation will not be accepted without this #)			
*If both parents Teachers Associa in duplicate applications from both		he L. I. Teachers Benevolent Fund <u>DO NOT</u> send			
List below ALL DEPENDENT CH are presently full-time college s		<u>G APPLICANT</u> , and their ages. Indicate if they credits).			
NAME	AGE	COLLEGE, UNIVERSITY or K-12 school			
I attest to the accuracy and t	truthfulness of the	information provided herein.			
Parent's Signature:		Date:			

## 2024 LONG ISLAND TEACHERS BENEVOLENT FUND LEN MOTISI MEMORIAL SCHOLARSHIP APPLICATION 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: Bellmore-Merrick United Secondary Teachers (BMUST)

Teacher Association Mailing Address:

ALL SCHOLARSHIPS AWARDED TO LOCAL WILL BE MAILED TO THIS ADDRESS

1260 Meadowbrook Rd

N. Merrick, NY 11566

(Add member's building location if you wish it to be added to the scholarship check's memo line)

GPA Scale based on: 100	4.0	5.0	other

President Name(please print): Rob Walsh

President's Signature:\_\_\_\_\_Date:\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_Date:\_\_\_\_Date:\_\_\_\_Date:\_\_\_\_Date:\_\_\_\_Date:\_\_\_\_Date:\_\_\_\_Date:\_\_\_\_Date:\_\_\_\_Date:\_\_\_\_Date:\_\_\_\_Date:\_\_\_\_Date:\_\_\_\_Date:\_\_\_\_Date:\_\_\_Date:\_\_\_\_Date:\_\_\_\_Date:\_\_\_\_Date:\_\_\_\_Date:\_\_\_\_Date:\_\_\_Date:\_\_\_\_Date:\_\_\_\_Date:\_\_\_Date:\_\_\_Date:\_\_\_\_Date:\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_\_AAte:\_\_\_

#### CHECKLIST BEFORE SENDING

Does transcript include G.P.A.? (Please highlight)

Has the application been signed by the local President?

Are all transcripts removed from sealed envelopes?

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