

**2019 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 copies (original not necessary) of:

1. School Transcript including the current GPA
2. SAT or ACT Scores

**DEADLINE FOR APPLYING:** Applications must be received by the parent's local union president by **MARCH 8, 2019**. The local president must forward to the L.I.T.B.F. by **MARCH 15, 2019**. It is the responsibility of the local president to submit a completed and signed application including school transcript with GPA and SAT or ACT scores. Incomplete applications will be returned. If applications are resubmitted with missing documentations before the deadline they will be considered.

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

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

High School: \_\_\_\_\_

Name of College or Post-Secondary educational institutions you will be attending or are considering: \_\_\_\_\_

I attest to the accuracy and truthfulness of the information provided herein.

Signature of Applicant (Student): \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE TO APPLICANT:**

Complete and sign Part I, have your parent complete and sign Part II and have your **guidance counselor attach a STUDENT TRANSCRIPT SHOWING YOUR GPA AND SAT OR ACT SCORES** to this application. The completed application with all documentations should be sent to the **PRESIDENT OF YOUR PARENT'S LOCAL** for verification and signed and then forwarded to the Long Island Teachers Benevolent Fund no later than **MARCH 15TH** in order to be considered. **ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED.**

**WHILE TRANSCRIPTS ARE REQUIRED FOR EACH APPLICATION PLEASE DO NOT SEND IN SEALED ENVELOPES. SEALED ENVELOPES SIMPLY ADD TO PROCESSING TIME.**

**Part II TO BE COMPLETED BY PARENT OR GUARDIAN**

Parent

Parent name (must be **member** of L.I.T.B.F. association) \_\_\_\_\_  
Parent's Teacher Association name and member #: \_\_\_\_\_  
NYSUT member # \_\_\_\_\_ (Application will not be accepted without this #)  
Is this association a member of L.I.T.B.F.(circle one) YES or NO

Spouse

\*Spouse's name (Needed only if the spouse is a member of a teacher association that is a LITBF member) \_\_\_\_\_  
\*Spouse's Teacher Association name and member #: \_\_\_\_\_  
NYSUT member # \_\_\_\_\_ (Application will not be accepted without this #)  
Is this association a member of L.I.T.B.F.(circle one) YES or NO

\*If both parents Teachers Association are members of the L. I. Teachers Benevolent Fund DO **NOT** send in duplicate applications from both locals.

List below **ALL DEPENDENT CHILDREN, INCLUDING APPLICANT**, and their ages. Indicate if they are presently **full-time** college students (12 or more 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 \_\_\_\_\_

NAME OF PARENT'S TEACHER ASSOCIATION \_\_\_\_\_

**PART III TO BE COMPLETED BY PRESIDENT OF PARENT’S LOCAL**

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TEACHER ASSOCIATION PRESIDENT

NAME (PRINT) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE \_\_\_\_\_

- |   |
|---|
| <p style="text-align: center;"><b>CHECK LIST BEFORE SENDING</b></p> <ol style="list-style-type: none"><li>1. Does transcript include G.P.A.? (Please highlight)</li><li>2. Are SAT/ACT Scores included?</li><li>3. Has the application been signed by the local President?</li><li>4. Are all transcripts and SAT/ACT <b>removed</b> from sealed envelopes?</li></ol> |
|---|