

**2022 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**

*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, 2022**. 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, 2022**.

**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: _____

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

Parent's Teacher Association & Local #: _____

Parent Name: _____ (must be a member of L.I.T.B.F. association)

NYSUT Member #: _____ (Application will not be accepted without this #)

*Spouse's Teacher Association & Local #: _____
(Needed only if the spouse is a member of a teacher association that is a L.I.T.B.F. member)

Spouse's Name: _____

NYSUT Member #: _____ (Application will not be accepted without this #)

*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: _____

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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

President Name (please print): _____

President's Signature: _____ Date: _____

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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