

# 2026 LONG ISLAND TEACHERS BENEVOLENT FUND LEN MOTISI MEMORIAL SCHOLARSHIP APPLICATION

**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 2, 2026**. 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 9, 2026**.

## 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 attending or are considering: \_\_\_\_\_

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

Signature of Applicant

(Student): \_\_\_\_\_ 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?

**2026 LONG ISLAND TEACHERS BENEVOLENT FUND  
LEN MOTISI MEMORIAL SCHOLARSHIP APPLICATION**

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

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

Parent's Local Union Name and #: Bellmore Merrick United Secondary Teachers #17-065

Name of building that parent member works: \_\_\_\_\_

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

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

Spouse's Local Union Name and #: \_\_\_\_\_  
(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 #)

**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: \_\_\_\_\_

**2026 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: \_\_\_\_\_

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