



**2020 LIGCSA SCHOLARSHIP
APPLICATION**

1. Name in Full: _____ Date of Birth: _____
Address: _____ Phone: _____
2. Name of Member: _____
Address (if different from above): _____
3. Name and address of High School Attended: _____
Date Entered: _____ Graduation Date: _____
4. Name and address of College Attending:

5. Accompanying this application must be:
 - A. Transcripts of the Students grades for the preceding academic year and for any completed semester in the current academic year.
 - B. List of employment you have held in the past three (3) years, name, address and phone number of employer.
 - C. Two (2) written statements of character references from non-relative.
 - D. A one page, written statement from the applicant identifying the college or university they are attending, why they chose this institution, the course of study they are pursuing, why they chose this course of study and the type of career they hope their education will allow them to pursue.
 - E. A list of Extracurricular Activities and Community involvement. List any academic or athletic honors or distinctions you have received. List any offices held in organizations.

Signature of Applicant: _____ Date: _____

Requirements for Processing:

1. All applicants must be a member of the LIGCSA or a dependent (child or grandchild) of an LIGCSA member.
2. **All applicants must be currently enrolled in and have completed one year of college in a short course certificate, associate or bachelor program.** Graduate students are welcome to apply provided they have not received the maximum of four (4) scholarships from the LIGCSA.
3. A complete application will consist of this application and all items requested in #5 above. **INCOMPLETE APPLICATIONS WILL NOT BE EVALUATED! NO EXCEPTIONS!**
4. An individual may receive a maximum of four (4) scholarships from the LIGCSA.
5. Application Deadline: **MUST BE POSTMARKED NO LATER THAN FRIDAY, JUNE 5, 2020**

Applications must be mailed to the post office box ONLY! Certified/Return Receipt recommended.

- 6. *Return completed application to: LIGCSA, P.O. Box 84, Wading River, NY 11792, Attn: Scholarship Chairman***