

PLEASE POST

KEVIN GILDEA MEMORIAL SCHOLARSHIP

The Nassau County Chapter of the New York Association for Pupil Transportation will award cash scholarships to qualified high school seniors.

Those eligible, must be the son or daughter of an employee of a school district or school bus contractor, directly employed in the transportation field servicing Nassau County. The scholarship committee will make verification of employment. Please feel to make copies of the application as needed.

Questions may be directed to: **Maryanne Blinn**
Scholarship Chairperson
(516) 327-9302

RULES FOR APPLICATION:

1. The applicant must be the son or daughter of an employee of a school district or school bus contractor working directly in the transportation field in Nassau County.
2. The district or bus company, must have employed the employee for at least six (6) months prior to the application date.
3. The employee must still be employed at the time of the scholarship award.
4. The applicant must be a graduating senior, with a grade average of 80 or above, who intends to extend his/her education or training beyond high school.
5. Members of the Nassau County **NYAPT** Scholarship Committee will make the award of the scholarship. Scholarships will be based on Academics, Activities, Work Experience, Essay and Neatness.
6. All documents (application, essay and school transcript and resume) must be returned to:

Maryanne Blinn
NYAPT Scholarship Committee
Floral Park-Bellerose UFSD
1 Poppy Pl
Floral Park NY 11001
7. To be eligible for consideration, the application must be post marked on or before **March 1, 2012**.
8. Winners will be notified in writing, by April 30, 2012.

**AWARDED SCHOLARSHIP PAYMENTS WILL BE MADE UPON
SUBMISSION OF A PAID BURSAR'S TUITION RECEIPT FOR THE
2012 FALL SEMESTER, ON OR ABOUT OCTOBER 1, 2012.**

NYAPT SCHOLARSHIP APPLICATION

Part A is to be typed or printed in ink by APPLICANT

Part B is to be typed or printed in ink by the PARENT OR LEGAL GUARDIAN

Part C is to be completed by the HIGH SCHOOL GUIDANCE COUNSELOR

Part A — APPLICANT

Name _____

Address _____ Town _____ Zip _____

Phone __ Home () _____ Cell () _____

Name of Your High School _____

I Plan to Attend _____

I believe that I have made a valuable contribution to my high school through my active participation in the following school activities (please be specific; Athletics, Band, clubs, etc),

Work Experience _____

On a separate sheet please explain , in 300 words or less, how furthering your education, will impact your life and/or society. (MUST BE TYPED)

Part B — PARENT OR LEGAL GUARDIAN

Name _____

Employed by _____

Position _____

School District or Area Served _____

Work phone _____

I certify that the above information is, to the best of my knowledge, true and complete. I authorize the release of necessary information to verify the data on this application.

Parent or Legal Guardian Signature

Applicant's Signature

Part C — GUIDANCE COUNSELOR

Weighted Average _____

Class Standing _____

Total Students in Class _____

SAT Score — Math _____ **Verbal** _____

ACT Score _____

**** PLEASE ATTACH OFFICIAL SCHOOL TRANSCRIPT****

I certify that, to the best of my knowledge, the information on this Application is correct in regard to the student's school activities and I recommend this student for the New York State Association of Pupil Transportation Scholarship;

Guidance Counselor's Signature

Date