

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 free to make copies of this application as needed.

Questions may be directed to:

Linda Scarano
Scholarship Chairperson
(516) 765-4155
scaranol@wantaghschools.org

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 **servicing** 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, school transcript and resume) must be returned to:

Linda Scarano
NYAPT Scholarship Committee
Wantagh UFSD
3301 Beltagh Avenue
Wantagh, NY 11793

7. To be eligible for consideration, the application must be post marked on or before **April 29, 2022**.
8. Winners will be notified in writing.

AWARDED SCHOLARSHIP PAYMENTS WILL BE MADE UPON SUBMISSION OF A PAID BURSAR'S TUITION RECEIPT FOR THE 2021 FALL SEMESTER, ON OR ABOUT OCTOBER 1, 2022.

NYAPT SCHOLARSHIP APPLICATION

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

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

Part C is to be completed by HIGH SCHOOL GUIDANCE COUNSELOR

Part A – APPLICANT

Name _____

Address _____ Town _____ Zip _____

Home Phone _____ Cell _____

Name of your High School _____

I plan to attend (College Name) _____

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 and Volunteer 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 information necessary to verify the data on this application.

Parent or Legal Guardian Signature Date

Applicant's Signature Date

PART C – GUIDANCE COUNSELOR

Grade Point Average _____

Weighted Average _____

Class Standing _____

Total # of Students in this 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 **NYAPT** Scholarship.

Guidance Counselor's Signature Date