***PLEASE POST***

***KEVIN GILDEA MEMORIAL SCHOLARSHIP***

The Nassau County Chapter of the **N**ew **Y**ork **A**ssociation for **P**upil **T**ransportation 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.as well as an associate to a Nassau NYAPT member.

The scholarship committee will make verification of employment. Please feel free to make copies of this application as needed.

Questions may be directed to:

Jamie Reinke Scholarship Chairperson (516) 867-5220

Jreinke@freeportschools.org

# RULES FOR APPLICATION:

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 as well as an associate to a Nassau NYAPT member.

The district or bus company must have employed the employee for at least six (6) months prior to the application date.

The employee must still be employed at the time of the scholarship award.

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.

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.

All documents (application, essay, school transcript and resume) must be returned to:

Jamie Reinke

NYAPT Scholarship Committee Freeport Public Schools

235 N Ocean Avenue

Freeport, NY 11520

To be eligible for consideration, the application must be post marked on or before **May 1st, 2024**.

Winners will be notified, by May 5th, 2024.

# AWARDED SCHOLARSHIP PAYMENTS WILL BE MADE UPON

**SUBMISSION OF A PAID BURSAR’S TUITION RECEIPT FOR THE 2024 FALL SEMESTER, ON OR ABOUT OCTOBER 1, 2024.**

**KEVIN GILDEA 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

Honors and Awards\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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

 Nassau NYAPT Member Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

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.

 Nassau NYAPT affiliate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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