

NEW YORK CONFERENCE OF ITALIAN-AMERICAN STATE LEGISLATORS

Assemblyman James D. Conte Memorial
Academic Scholarship

DUE MARCH 16th, 2020

You may apply for this scholarship ONLY if you:

- 1) have demonstrated a grade point average of 85 and over,
- 2) have good conduct and demonstrate the dedication to pursue and complete a higher education degree,
- 3) are active in community service and extracurricular activities, and
- 4) can demonstrate financial need.

Name: _____
Last First Middle

Home Phone Number Alternate Phone Number

Mailing Address: _____
Street

City State Zip Code

State Senate Representative: _____

State Assembly Representative: _____

Academic & Achievement Information:

College or University you will be attending in 2020-2021:

School Name City State

Enrollment status for 2020-2021: _____ Freshman _____ Sophomore _____ Junior _____ Senior

Major 2020-2021 _____
(include minor if applicable)

Cumulative GPA _____ Expected date of graduation: _____

Athletic and Extracurricular Activities: _____

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ACADEMIC SCHOLARSHIP

Financial Information:

List all college scholarships and/or financial aid (grants, loans, work study, etc.) you have previously received or are currently receiving:

Scholarship or Financial Aid	Academic Year	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Information:

Please attach the following:

- 1) A brief biography listing honors received, volunteer service activities, clubs, extracurricular activities, etc.
- 2) A brief outline of your educational goals.
- 3) A brief outline of your financial need.
- 4) A brief essay (500 words) on a current public issue of interest.
- 5) A school transcript indicating your **GPA** (*incoming freshman must provide a high school transcript and college acceptance letter*).

I verify my application and understand that it is ineligible for consideration if submission is late, incomplete, inaccurate, or unsigned.

Signature _____

Date _____

MAIL COMPLETED PACKET TO:

Senator _____

Room _____ Legislative Office Building

Albany, New York 12247

FOR STATE CONFERENCE LEGISLATORS OFFICE USE ONLY:

Date Application Received: _____
(Please date stamp)

Staff Member's Signature: _____