

NEW YORK CONFERENCE OF ITALIAN-AMERICAN STATE LEGISLATORS

Assemblyman James D. Conte Memorial
Academic Scholarship

DUE MARCH 16th, 2020

Due in
Counseling
by 3/12/20

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: Mike LiPetri

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
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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: _____