

**New York State School Facilities Association (SFA)
Central New York Chapter**

**2023-2024
Scholarship Application**

It is the intent of the Central New York Chapter of the New York State School Facilities Association (SFA) to provide a scholarship to a student pursuing a degree in the fields of Facility Management, Civil/Mechanical/Industrial Engineering, Architecture, Energy Studies, Construction Management, or related fields of study. The amount of the scholarship award will be \$500.00 payable to an applicant as selected by the Scholarship Committee.

To the Applicant:

By completing the information required in this application you will enable us to determine your eligibility to receive funds provided specifically to help students planning to go on to higher education in one of the fields of study identified above.

You must complete your sections of this application at your earliest convenience and forward to the person that will complete the section titled Transcript Information.

In addition to the completed application form, please provide a letter of recommendation from a teacher, counselor or school administrator, which best supports your request for scholarship assistance.

You are responsible for seeing that all documents are complete and submitted.

Deadline: Friday May 24th, 2024

Reminder: This application becomes valid only when all requested information has been filled out and all requested documents have been received. Please do not include documents other than those requested.

APPLICANT DATA

Please check this box if you are related to an SFA member or have any affiliation with our association.

Mr.
 Ms. _____
Name (last) (first) (mi)

Permanent Address (Street) (City) (State) (Zip Code)

_____ _____
Date of Birth Telephone Number

PERSONAL DATA

Describe your work experience during the past four years indicate name of employer, dates of employment and approximate number of hours per week.

Place of Employment	Position	Date From	Date To	Hours Per Week

List all school activities, in which you have participated during the past four years (student government, music, sport, etc.). List all community activities in which you have participated without pay during the past four years (Red Cross, church work, volunteer work or scouting programs). Indicate all special awards, honors.

Check One		Activity	Number of years Participated	Special Awards, Honors
HS	College			

SCHOOL DATA

High School Attended: _____ Graduation Date: Mo. _____ Yr. _____

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip) _____ Telephone Number _____

Name of post-secondary school planning to attend _____ 4 yr. College/University _____ Vo-Tech _____ Community College _____ Other _____

Student will live: on campus off campus will commute
 Enrolled: less than half-time half-time or more full time

Anticipated date of graduation from post secondary program: _____
 (month) (year)

Major Field of study applicant plans to pursue: _____

Make a statement of your plans as they relate to your educational career objectives and future goals.

Please report any unusual family or personal circumstances you feel warrant attention.

OTHER AWARDS

Please list below the name and amount of any grants or scholarships that you have been awarded for the coming school year.

Name of Award	Amount	Granted	Pending

TRANSCRIPT INFORMATION

High school senior and students who have completed less than one full semester of post-secondary education must include a high school transcript of grades and, if possible, have the following section completed by the appropriate school official.

Applicant rank _____ In a class of _____ Weighted grade point average _____
 PSAT **Best** SAT Verbal **Best** SAT Math **Best** ACT Verbal **Best** ACT Math **Best**
 Verbal _____ Math _____ SAT Verbal _____ SAT Math _____ ACT Verbal _____ ACT Math _____

I certify this data is from a current and official transcript.

 Counselor's Signature Date Title () Telephone Number

FINANCIAL INFORMATION

This information is strictly confidential and will be used only for the purposes of determining a scholarship award.

Salary Range:

- Under \$50,000**
- \$50,000-\$99,999**
- \$100,000-249,999**
- \$250,000 and over**

Number of dependents _____ Number of students in college _____

Certification: I certify the above financial information is accurate.

(Signature of parent or guardian)

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge.

Falsification of information may result in termination of any scholarship granted.

Applicant's Signature

Date

Return completed application to:

**Mr. Gordon Miller
Director of Facilities II
NYSSFA Central Chapter
Central Valley CSD
111 Frederick Street
Illion, NY 13357
315-894-9934 X-55600
gmler@cvalleycsd.org**

Application Check List	
<input type="checkbox"/>	Completed Application
<input type="checkbox"/>	Letter of Recommendation
<input type="checkbox"/>	Transcript & Test Scores
<input type="checkbox"/>	Financial Information