

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

**2024-2025**

## **Trade School 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 trade in the fields of carpentry, electrical, plumbing or HVAC. 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 a trade school for education in one of the construction fields 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 April 18th, 2025**

**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				
HS	College	Activity	Number of years Participated	Special Awards, Honors

## SCHOOL DATA

School District Attended: \_\_\_\_\_ Graduation Date: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ ( ) \_\_\_\_\_  
Telephone Number

Name of trade school planning to attend: \_\_\_\_\_

Anticipated date of graduation from trade program: \_\_\_\_\_  
(month) (year)

Major field of study applicant plans to pursue: \_\_\_\_\_

Make a statement of your plans as they relate to your trade school 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 PSAT \_\_\_\_\_ Best PSAT \_\_\_\_\_ Best PSAT \_\_\_\_\_ 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

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**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**  
**Ilion, NY 13357**  
**315-894-9934 X-55600**  
[\*\*gmler@cvalleycsd.org\*\*](mailto:gmler@cvalleycsd.org)

<b>Application Checklist</b>	
<input type="checkbox"/>	<b>Completed Application</b>
<input type="checkbox"/>	<b>Letter of Recommendation</b>
<input type="checkbox"/>	<b>Transcript &amp; Test Scores</b>
<input type="checkbox"/>	<b>Financial Information</b>

<input type="checkbox"/>	<b>Completed Application</b>
<input type="checkbox"/>	<b>Letter of Recommendation</b>
<input type="checkbox"/>	<b>Transcript &amp; Test Scores</b>
<input type="checkbox"/>	<b>Financial Information</b>