



ESTRA Educational Scholarship Fund 2010 APPLICATION

Send completed application to:

ESTRA Scholarship Fund, 107 Washington Avenue, Albany, NY 12210

Applications must be received by June 30, 2010.

Scholarship Amount: \$1,000 annually for up to 4 years (provided eligibility status is maintained)

ELIGIBILITY REQUIREMENTS

To be eligible to receive an ESTRA Educational Scholarship, applicants must meet the following requirements:

1. You must be an *ESTRA member in good standing* or related (as a *spouse or child*) to an ESTRA member in good standing.
2. You must be a high school senior graduating with a cumulative grade point average (GPA) of a B (3.0) or above and be accepted or enrolled in an accredited college or trade school OR you must be enrolled in an accredited college or trade school *and* maintaining a cumulative GPA of a B (3.0) or above.
3. You must not already be the recipient of a full scholarship to an accredited college or trade school.
4. You must complete and submit this application, as well as all required supporting documents.

Please print or type information:

I. Personal Information

Name: _____ Date of Birth: ____/____/____

Address: _____ City _____

State: _____ Zip: _____ Telephone: (____) _____

Social Security No.: _____ - _____ - _____

II. ESTRA Member Information

Name of ESTRA Member Company: _____

Name of Company Owner/President: _____

Company Address: Street _____

City _____ State _____ Zip _____

Applicant is (check one box):

ESTRA Member (company owner/president/manager)

Relative of ESTRA member (*circle one*: spouse/child)

III. Academic Information

School you attend/have been accepted to: _____

School Address: Street _____

City _____ State _____ Zip _____

Year you will be entering (check one box):

1st/Freshman

4th/Senior

2nd/Sophomore

Graduate level

3rd/Junior

Other (trade) _____

Cumulative GPA

High School: _____ College: _____

Intended major (if known): _____

(continued on back)

ESTRA Scholarship 2010 Application *(continued)*

IV. Financial Information

Housing Living with parent(s)/relative(s) Not living with parent(s)/relative(s)

Applicant/Spouse (if applicable)

Applicant's occupation: _____

Applicant's gross annual (pretax) income: \$ _____

Spouse's name: _____

Spouse's occupation: _____

Spouse's gross annual (pretax) income: \$ _____

TOTAL COMBINED INCOME: \$ _____

Parent/Guardian (for unmarried applicants younger than 21 years of age)

Father/guardian's name: _____

Father/guardian's occupation: _____

Father/guardian's gross annual (pretax) income: \$ _____

Mother/guardian's name: _____

Mother/guardian's occupation: _____

Mother/guardian's gross annual (pretax) income: \$ _____

TOTAL PARENTAL INCOME: \$ _____

V. Anticipated Annual Educational Expenses

Tuition & activity fees: \$ _____

Books & supplies: \$ _____

Room & board: \$ _____

Fees & miscellaneous: \$ _____

Personal expenses: \$ _____

VI. Other Financial Assistance

\$ Amount Applied For

\$ Amount Granted

Scholarships: _____

Grants: _____

Personal Gifts: _____

Loans: _____

VII. Supplemental Materials to be Submitted with Application*

- ❖ *Letter of recommendation from a principal, school counselor, dean, or teacher*
- ❖ *Two letters of recommendation from non-family members who know you personally*
- ❖ *Personal letter from you to ESTRA's Scholarship Fund Committee providing information about yourself, your career and educational goals, and your reasons for applying for this scholarship*
- ❖ *List of personal accomplishments, community service activities, leadership roles, and any prizes, honors, or awards granted for scholastic/creative/athletic efforts*
- ❖ *Certified copy of school transcripts*
- ❖ *Recent photo*
- ❖ *Copy of your most recent federal tax return and/or that of your spouse or parent/guardian (whichever are applicable)*

* **Note:** The review committee reserves the right to request additional supportive materials from applicants.

I hereby certify that the foregoing information is complete and accurate to the best of my knowledge, and that I am in need of financial assistance to pursue further education.

I understand that failure to complete this application fully and to provide all required/requested materials will render my application incomplete and will disqualify my application from consideration by ESTRA's Scholarship Committee.

_____ Date _____
Applicant's signature

_____ Date _____
Parent/Guardian's signature (if applicable)