

STATEMENT OF ELIGIBILITY  
FOR  
AMERICAN LEGION POST 421  
CHARLES WAGNER MEMORIAL SCHOLARSHIP -

(To be eligible for this scholarship, this form must accompany your application.)

My signature below verifies my eligibility for the American Legion Post 421  
Charles Wagner Memorial Scholarship.

<u>Name of Student</u>	<u>Citizen</u> <u>Yes/No</u>	<u>State Name &amp;</u> <u>Relationship who is a</u> <u>Veteran or on Active Duty</u>	<u>Dates of</u> <u>Service</u>
------------------------	---------------------------------	---------------------------------------------------------------------------------------------	-----------------------------------

Student  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Parent  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**HICKSVILLE AMERICAN SOCCER CLUB (HASC) DAVE DALY SCHOLARSHIP APPLICATION**

**PART I**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**PART II**

Hicksville American Soccer Club years played (must have played 3 years travel):

<u>Years</u>	<u>Division</u>	<u>Coach's name</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

**PART III**

1. Provide a list of Universities, Colleges, or Trade Schools to which you have applied.
2. Provide an official copy of your grade transcript.
3. Provide two (2) letters of recommendation.

**PART IV**

Submit a brief resume outlining awards, achievements, volunteer work, employment, school clubs, etc. from the age of 14 to present.

**PART V**

An essay of 250 to 500 words on ONE of the following:

"How soccer has affected or influenced your life",

"In your years playing for the HASC, how has it influenced your life?", OR

"What has soccer done to positively affect your life?"

**Hicksville Boys & Girls Club**  
**COMMUNITY SERVICE SCHOLARSHIP APPLICATION**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF HIGH SCHOOL: \_\_\_\_\_

DATE OF GRADUATION: \_\_\_\_\_

GUIDANCE COUNSELOR NAME & SCHOOL PHONE: \_\_\_\_\_

What college or school do you plan to attend? \_\_\_\_\_

Have you been accepted? \_\_\_\_\_ DATE OF ENTRANCE: \_\_\_\_\_

(\*Proof of Acceptance Required\*)

Career Goals After Finishing School: \_\_\_\_\_

Describe the community services you have performed in Hicksville. Please include any pertinent, supporting information, such as letters of reference, newspaper articles, etc. during your high school career. \_\_\_\_\_

Name of Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Please describe or list your involvement with the Hicksville Boys & Girls Club: \_\_\_\_\_

Parental Information:

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

**\*\*\*Note: A personal interview will be required.**

I certify that the information shown above is complete and accurate according to the best of my knowledge and belief.

SIGNATURE OF APPLICANT: \_\_\_\_\_

SIGNATURE OF PARENT / GUARDIAN: \_\_\_\_\_

**HICKSVILLE CHAMBER OF COMMERCE**  
Community Service Award Application

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

**I. PARENTAL INFORMATION:**

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

**II. EDUCATIONAL BACKGROUND SCHOOLS ATTENDED:**

Elementary School \_\_\_\_\_

Middle/Junior High School \_\_\_\_\_

High School \_\_\_\_\_

**III. POST SECONDARY PLANS:**

College \_\_\_\_\_

Military (Branch) \_\_\_\_\_

Work (Type) \_\_\_\_\_

Other \_\_\_\_\_

Career Goals \_\_\_\_\_

(Continued)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Signature of Applicant \_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_  
Review of High School Guidance Counselor \_\_\_\_\_

-2-



# Hicksville Congress of Teachers

## Elliot Paisner Memorial Scholarship

### \$1,000.00

**ELIGIBILITY:** A Hicksville High School Senior, graduating this year (2023), and who will be attending a postsecondary institution on a full time basis beginning in the fall of 2023.

**CRITERIA:** Open to all students who have chosen teaching as their major in college. Selection criteria includes financial need, academic achievement, extracurricular activities and an essay describing a Hicksville teacher's impact on your education and his/her influence on your career goal. To qualify, students must be accepted to a teacher education program at a four-year college or university.

**(PLEASE TYPE OR PRINT)**

Applicant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Unweighted GPA: \_\_\_\_\_ Weighted GPA: \_\_\_\_\_

SAT Score \_\_\_\_\_ and/or ACT Score \_\_\_\_\_

Name of College or Post-Secondary educational institution(s) you anticipate attending:

\_\_\_\_\_

Intended Course of Study: \_\_\_\_\_ Estimated Cost of First Year: \$ \_\_\_\_\_

Statement of Financial Need \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby attest to the accuracy and truthfulness of the information provided herein.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of School Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

#### Checklist for Completed Applications

- ☐ I have attached my ESSAY describing a Hicksville Teacher's impact on my career goal
- ☐ I have attached a copy of my activity sheet
- ☐ I have completed and signed this application
- ☐ My parent/guardian has completed the statement of financial need and signed this application
- ☐ My Guidance counselor has attached my transcript (*unofficial copy permitted*) and signed this application

The completed application, with transcript and essay attached, should be sent to: **The Hicksville Congress of Teachers, 535 South Broadway, Suite 212, Hicksville, NY 11801** and received no later than **Wednesday, March 22, 2023** in order to be considered.

**ONLY COMPLETED APPLICATIONS WITH TRANSCRIPTS and ESSAYS ATTACHED WILL BE CONSIDERED.**



# Hicksville Congress of Teachers

## Mary D'Andrea Memorial

### Union Service Scholarship

## \$500

#46

**ELIGIBILITY:** A Hicksville High School Senior, graduating this year (2023), and who will be attending a postsecondary institution on a full time basis beginning in the fall of 2023 university **and** whose parent(s) or step-parent(s) is an in-service member in good standing of any union.

**CRITERIA:** Open to all students who have chosen to attend college or university. Selection criteria includes financial need, academic achievement and an essay describing the importance of union membership. To qualify, students must be accepted to a College or university and plan to attend in the fall of 2023.

**(PLEASE TYPE OR PRINT)**

Applicant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Email Address \_\_\_\_\_

Unweighted GPA: \_\_\_\_\_ Weighted GPA: \_\_\_\_\_

SAT Score \_\_\_\_\_ and/or ACT Score \_\_\_\_\_

Name of College or Post-Secondary educational institution(s) you anticipate attending:

\_\_\_\_\_

Intended Course of Study: \_\_\_\_\_ Estimated Cost of First Year: \$ \_\_\_\_\_

Statement of Financial Need \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby attest to the accuracy and truthfulness of the information provided herein.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Signature of School Counselor: \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

#### Checklist for Completed Applications

- ☐ I have attached my ESSAY describing the importance of union membership
- ☐ I have completed and signed this application
- ☐ My parent or step-parent has completed part II and signed this application
- ☐ An authorized representative from my parent's or step-parent's union has completed Part III and signed this application
- ☐ My School Counselor has attached my transcript (*unofficial copy permitted*) and signed this application

The completed application, with transcript and essay attached, should be sent to: **The Hicksville Congress of Teachers, 535 South Broadway, Suite 212, Hicksville, NY 11801** and received no later than **Wednesday, March 22, 2023** in order to be considered.

**ONLY COMPLETED APPLICATIONS WITH TRANSCRIPTS and ESSAYS ATTACHED WILL BE CONSIDERED.**



**Hicksville Congress of Teachers  
Mary D'Andrea Memorial  
Union Service Scholarship  
\$500**

**Part II**

**TO BE COMPLETED BY PARENT OR STEP-PARENT**

Father's Name \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Local Union Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Mother's Name \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Local Union Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Statement of Financial Need \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\* If both parents are members of a union, DO NOT send in duplicate applications from both locals. Only one application is required.

I hereby attest to the accuracy and truthfulness of the information provided herein:

\_\_\_\_\_  
Parent or Step-Parent Name

\_\_\_\_\_  
Parent or Step-Parent Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**Part III**

**TO BE COMPLETED BY THE PRESIDENT (or their designee) OF A PARENT'S or STEP-PARENT'S LOCAL UNION**

Name of Local Union \_\_\_\_\_

Is the parent of this applicant an in-service member in good standing of the Local? \_\_\_\_\_

President's (or other Official) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

President's Name: \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address \_\_\_\_\_





# Hicksville Congress of Teachers

## Commitment to Community Service Scholarship

### \$500

#47

**ELIGIBILITY:** A Hicksville High School Senior, graduating this year (2023), and who will be enrolling in post secondary education, vocational training or the US Military in the Fall of 2023.

**CRITERIA:** Open to all students who can demonstrate an ongoing commitment to a community service project or organization for a minimum of 1 year. Selection criteria includes financial need, good grades and good school attendance, and an essay describing the impact of your community service on your personal growth. To qualify, students must also submit a verification of participation in the project; by an adult supervisor of this activity as well as verified school attendance.

**(PLEASE TYPE OR PRINT)**

Applicant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Email Address \_\_\_\_\_

Unweighted GPA: \_\_\_\_\_ Weighted GPA: \_\_\_\_\_

SAT Score \_\_\_\_\_ and/or ACT Score \_\_\_\_\_

Name of College or Post-Secondary educational institution(s) or branch of the US Military you anticipate attending: \_\_\_\_\_

Intended Course of Study: \_\_\_\_\_ Estimated Cost of First Year: \$ \_\_\_\_\_

Statement of Financial Need \_\_\_\_\_

I hereby attest to the accuracy and truthfulness of the information provided herein.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Signature of School Counselor: \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

#### Checklist for Completed Applications

- ☐ I have attached my ESSAY demonstrating my ongoing commitment to a community service project and describing its impact on my personal growth.
- ☐ I have attached a copy of my activity sheet
- ☐ I have completed and signed this application
- ☐ My parent/guardian has completed the statement of financial need and signed this application
- ☐ My guidance counselor has attached my transcript (*unofficial copy permitted*) and signed this application

The completed application, with transcript and essay attached, should be sent to: **The Hicksville Congress of Teachers, 535 South Broadway, Suite 212, Hicksville, NY 11801** and received no later than **Wednesday, March 22, 2023** in order to be considered.

**ONLY COMPLETED APPLICATIONS WITH TRANSCRIPTS and ESSAYS ATTACHED WILL BE CONSIDERED.**



# Hicksville Congress of Teachers

## Elaine Milani Memorial Scholarship

### \$500

#48

**ELIGIBILITY:** A Hicksville High School Senior, graduating this year (2023), and who will be attending a postsecondary institution on a full time basis beginning in the fall of 2023.

**CRITERIA:** Open to all students who have chosen teaching as their major in college. Selection criteria includes financial need, academic achievement, extracurricular activities and an essay describing a Hicksville teacher's impact on your education and his/her influence on your career goal. To qualify, students must be accepted to a Community College, a two year or a four year college or university and be enrolled in Child Care, Early Childhood, Elementary/Secondary education program of study.

**(PLEASE TYPE OR PRINT)**

Applicant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Email Address \_\_\_\_\_

Unweighted GPA: \_\_\_\_\_ Weighted GPA: \_\_\_\_\_

SAT Score \_\_\_\_\_ and/or ACT Score \_\_\_\_\_

Name of College or Post-Secondary educational institution(s) you anticipate attending: \_\_\_\_\_

Intended Course of Study: \_\_\_\_\_ Estimated Cost of First Year: \$ \_\_\_\_\_

Statement of Financial Need \_\_\_\_\_

I hereby attest to the accuracy and truthfulness of the information provided herein.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Signature of School Counselor: \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

#### Checklist for Completed Applications

- ☐ I have attached my ESSAY describing a Hicksville Teacher's impact on my career goal
- ☐ I have attached a copy of my activity sheet
- ☐ I have completed and signed this application
- ☐ My parent/guardian has completed the statement of financial need and signed this application
- ☐ My School Counselor has attached my transcript (*unofficial copy permitted*) and signed this application

The completed application, with transcript and essay attached, should be sent to: The Hicksville Congress of Teachers, 535 South Broadway, Suite 212, Hicksville, NY 11801 and received no later than Wednesday, March 22, 2023 in order to be considered.

**ONLY COMPLETED APPLICATIONS WITH TRANSCRIPTS and ESSAYS ATTACHED WILL BE CONSIDERED.**



# The Joey Lup Foundation Scholarship

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Student email: \_\_\_\_\_

College(s) accepted/attending to: \_\_\_\_\_

\_\_\_\_\_

Major: \_\_\_\_\_ Career Goal/Interest: \_\_\_\_\_

GPA: Unweighted \_\_\_\_\_ Weighted \_\_\_\_\_ Class Rank \_\_\_\_\_

Highest combined SAT score: Reading/Writing \_\_\_\_\_ Math \_\_\_\_\_

ACT composite score: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_

**\*Please attach a Student Resume/Activity Sheet to this application\***

*\*I authorize the Hicksville Guidance Department to provide copies of my transcript, standardized test scores, and letters of recommendation to local scholarships, which require this information.*

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

(ATTACH ESSAY)