



2023 SCHOLARSHIP APPLICATION

Past recipients are not eligible to re-apply.
This completed application and all required supporting material must be
Post-Marked No Later Than Monday, April 3, 2023.

| | | | | |
|--|----------------|----------------------|----------------------|----------|
| Applicant NAME: | | | | |
| Address: | City: | State: | Zip: | |
| Phone: | Email Address: | | | |
| I will/have graduate(d) from: | | High School/College: | | |
| High School/College address: | | | | |
| List name and location of university or college you will be attending: | | | | |
| Type of Program (check one): | 2 year | 4-5 year | Technical/Vocational | Graduate |

| | | | | |
|--|--------|---------------------------|--------|--------------------------------|
| Affiliate Sponsoring Information | | Member Name: | | |
| CSEA Affiliate (check one): | ACSS | CSR | CSUEU | SEIU Local 1000 UAW Local 2350 |
| CHAPTER or LOCAL DLC#: | | Active Member ID#: | | |
| Relationship to Member (check one): | Child* | Grandchild | Spouse | Self |
| Employed by or Retired from: | | | | |
| Member's contact information (phone or email address): | | | | |

*Status may be step/foster/adopted

Failure to comply with application requirements will automatically disqualify applicant for consideration.

APPLICATION PACKET MUST INCLUDE THE FOLLOWING REQUIRED ITEMS:

1. Sealed Official High School or University Transcripts. **The Foundation reserves the right to verify all transcripts submitted.**
2. A 500-word minimum essay, expressing personal goals, financial need and how this scholarship will benefit your academic goals (Must include word count).
3. Two letters of recommendation from teachers, counselors, coaches, employers, or supervisors.
4. Summary of any honors received, community service work, participation in extracurricular activities, and/or work experience.

I hereby apply for consideration for the CALIFORNIA STATE EMPLOYESS ASSOCIATION FOUNDATION scholarship. I certify the information provided on this application is true and correct. I further agree to use scholarship awards received to be used for college expenses. My signature authorizes the Foundation to use my name and/or image for publicity or promotional purposes.

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|

SUBMIT APPLICATION and REQUIRED MATERIALS TO:
CSEA FOUNDATION – ATTN: MEMBER BENEFITS – 3000 ADVANTAGE WAY SUITE 130, SACRAMENTO, CA 95834
 You may submit questions to Cyndi Olvera, Foundation Secretary, at colvera59@gmail.com