

NEW YORK CONFERENCE OF ITALIAN-AMERICAN STATE LEGISLATORS

Assemblyman James D. Conte Memorial  
Academic Scholarship

DUE APRIL 11<sup>th</sup>, 2016

You may apply for this scholarship ONLY if you :

- 1) have demonstrated a grade point average of 85 and over,
- 2) have good conduct and demonstrate the dedication to pursue and complete a higher education degree,
- 3) are active in community service and extracurricular activities, and
- 4) can demonstrate financial need.

Name: \_\_\_\_\_  
Last First Middle

Home Phone Number

Alternate Phone Number

Mailing Address: \_\_\_\_\_  
Street

City State Zip Code

State Senate Representative: \_\_\_\_\_

State Assembly Representative: \_\_\_\_\_

**Academic & Achievement Information:**

College or University you will be attending in 2016-2017:

School Name City State

Enrollment status for 2016-2017: \_\_\_\_ Freshman \_\_\_\_ Sophomore \_\_\_\_ Junior \_\_\_\_ Senior

Major 2016-2017 \_\_\_\_\_

(include minor if applicable)

Cumulative GPA \_\_\_\_\_ Expected date of graduation: \_\_\_\_\_

Athletic and Extracurricular Activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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# ACADEMIC SCHOLARSHIP

## Financial Information:

List all college scholarships and/or financial aid (grants, loans, work study, etc.) you have previously received or are currently receiving:

Scholarship or Financial Aid	Academic Year	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Additional Information:

Please attach the following:

- 1) A brief biography listing honors received, volunteer service activities, clubs, extracurricular activities, etc.
- 2) A brief outline of your educational goals.
- 3) A brief outline of your financial need.
- 4) A brief essay (500 words) on a current public issue of interest.
- 5) A school transcript indicating your **GPA** (*incoming freshman must provide a high school transcript and college acceptance letter*).

**I have verified my application and understand that it will be disqualified if late, incomplete, inaccurate, or unsigned.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

### FOR STATE CONFERENCE LEGISLATORS OFFICE USE ONLY:

**Date Application Received:** \_\_\_\_\_  
(Please date stamp)

**Staff Member's Signature:** \_\_\_\_\_