

WITA Memorial Scholarship



Directions for Completing Application

*Joseph M. Dixon, President
Karen McCarthy, Scholarship*

1. Any potential 2020 high school graduate who is the child of an active or deceased WITA member is eligible.
2. The basis upon which students are judged includes economic need as well as academic achievement and participation in school activities. The attached form includes a record of economic need and school-related activities.
- 3 **A STUDENT COPY OF THE HIGH SCHOOL TRANSCRIPT MUST BE ATTACHED** (an official copy is not necessary).
4. Please include a letter of application (last page). You may write or attach a typewritten paper. Please indicate your plans for the future and your reasons for applying for this scholarship.
5. Return the completed form (with transcript attached) and your letter of application to the West Islip Teachers' Association's office no later than Tuesday, April 21, 2020.

Mr. Joseph M. Dixon, President
West Islip Teachers' Association
P.O. Box 428
Babylon, NY 11702

Phone: (631) 587-8040
Fax: (631) 587-5437

WITA Memorial 2020 Scholarship

1. **Applicant's Name:** _____
Parent(s) Name(s): _____
WITA Chapter: _____
Building(s) Assigned to: _____
2. Educational program planned: Four-year _____ Two-year _____ Other _____
3. What college or school do you plan to attend? _____
4. What are your vocational plans? _____

5. Brothers and sisters living at home:

Name	Age	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. List any brothers or sisters in college at this time:

Year in School	Tuition per year	Aid Received
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. While attending school, will you live at home? _____ or at college? _____

List dependents, other than children, living at home:

Sources of family income:

Father's occupation: _____

Father's earnings (before taxes): _____

Mother's occupation: _____

Mother's earnings (before taxes): _____

If any of the following applies to you or your parent(s)/guardian(s), please record the amount

of money received:

a. Social Security benefits received: _____

b. Life Insurance benefits received: _____

c. Pensions received: _____

d. Child Support received: _____

e. Alimony received: _____

f. Veteran's Administrations Benefits: _____

g. Other income: _____

TOTAL: _____ Gross

11. a. Does your family own your home? _____
If so, what is the monthly mortgage payment (including taxes)? _____
b. Does your family rent your home? _____
If so, what is the monthly rent? _____

12. Have you had any extraordinary expenses the past few years? If so, please explain.

13. How much will your first year of college or school cost? _____
Please explain: _____

14. How much can your family give you? _____

15. List any other Scholarships and/or Financial Aid received:

16. Have you other sources of help?

Specify: _____

COMMUNITY ACTIVITIES AND ACHIEVEMENTS

Please list activities and indicate achievements in community, church, civic associations, Boy Scouts, Girl Scouts, Little League, etc.:

Please describe your work experience:

Past:

Present:

Future: (Indicate this summer, employment plans for the next school year, etc.):
