

The 2024 UNYEA Michael J. Manning Memorial Scholarship

Please type or print all information except for signature. Attach sheets for additional information if needed.

Application Data

NAME: Last _____ First _____ MI _____
 PERMANENT HOME MAILING ADDRESS: Address _____
 City _____ State _____ Zip Code _____
 DATE OF BIRTH: Month _____ Day _____ Year _____ Phone: (_____) _____
 SOCIAL SECURITY #: _____

Employee Parent or Guardian Information

Last Name _____ First Name _____ MI _____
 Job Title _____ Department _____ Length of Service _____
 UNYEA Member Company _____ City _____ State _____
 Work Phone (_____) _____ Home Phone (_____) _____
 Relationship to Applicant _____ The applicant is a dependent of the employee? Yes No
 Number of children attending college in 2024-25 including applicant: _____

High School Data

School Name _____ Graduation Date: Month _____ Year _____
 City _____ State _____ Phone (_____) _____

Post Secondary School Data

Name of post-secondary school you plan to attend. If unknown, please list in order of preference the schools to which you have applied. Use official school names.
 School Name _____ City _____ State _____
 School Name _____ City _____ State _____
 Type of Schools: 4 yr. College or University 2 yr. Community or Junior College
 Vocational-Technical Other, explain _____
 Major Course of study _____ Anticipated date of graduation (Month) _____ (Year) _____
 Student will: Live on campus Live off campus Commute from home
 If school choice is a public institution, applicant will pay: in-state resident tuition out-of-state tuition

Student's Financial Information



FINANCIAL AID:		ESTIMATED STUDENT'S COSTS:	
College Work-Study Program	\$ _____	Tuition & Fees	\$ _____
Other Campus Employment	\$ _____	Room & Board	\$ _____
Scholarships, Grants & Fellowships	\$ _____	Books & Supplies	\$ _____
NYSHEC (Tuition Assistance)	\$ _____	Personal Expenses	\$ _____
Funds from Other Sources	\$ _____	Transportation	\$ _____
TOTAL FINANCIAL AID:	\$ _____	TOTAL COSTS (Est.):	\$ _____

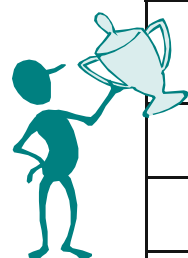
Work Experience



Describe your work experience during the past four years. Indicate dates of employment in each job and approximate number of hours worked each week. List amounts earned at each job.

Company/Position	From MO/YR.	To MO/YR.	Hours Per Week	Monthly Income

Activities Awards & Honors



List all school activities in which you have participated during the past four years (e.g.: student government, music, sports, etc.). List all community activities in which you have participated, without pay, during the past four years (e.g.: Boy/Girl Scouts, hospital volunteer, Special Olympics, etc.). Indicate all special awards, honors and offices held.

Activity	No. Yrs Partic.	Special Awards Honors	Offices Held	Activity	No. Yrs Partic.	Special Awards Honors	Offices Held

