

The 2025 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 2025-26 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.): | \$ _____ |

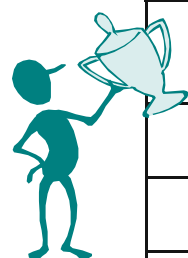
Work Experience



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

Make a statement of your plans as they relate to your educational and career objectives and future goals.

Goals & Aspirations



Unusual Circumstances

Please make any comments or indicate any circumstances you would like to bring to the attention of the UNYEA Scholarship Committee. _____

Teacher/Counselor/Supervisor/Evaluation

As his or her Guidance Counselor or Faculty Advisor, we would be grateful for any remarks you would care to make relative to the applicant's general attitude and citizenship. Of course, your comments will be considered strictly confidential and may be of material assistance in the furtherance of the applicant's continuing education. You may attach additional pages if you wish. _____



You have been asked to provide information in support of this application. Please give immediate attention to the following statements. When completed please return to applicant; or, photocopy this section and return to applicant in a sealed envelope.

Name of School: _____
 Address: _____
 Evaluator's Name: _____ Title: _____
 Signature: _____

Transcript Information

Applicant must include a high school transcript of grades & have this section completed by the appropriate school official.

Applicant ranks _____ in a class of _____ Cumulative Grade Point Average _____ /4.0

PSAT Verbal _____ Math _____ SAT Verbal _____ Math _____ ACT Verbal _____

School Official's Signature _____ Date _____ Title _____ Phone (____) _____

School Official's Address _____

City _____ State _____ Zip _____



Application Checklist

This application for a scholarship becomes complete & valid only when you have returned all of the following materials:

- Student Application
- Current Transcript(s) of Grades to:

Michael J. Manning Memorial Scholarship
c/o ESEA, 250 Jordan Rd., Troy, NY 12080

The student is responsible for submitting all materials to UNYEA on time.

Postmark Deadline is May 31, 2025.



Selection of Recipients

UNYEA Scholarship Committee has the sole responsibility for selecting recipients, basing the decision on criteria as set forth in this Program's Brochure and Application. Decisions of the Committee are final.

Certification

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to supply proof of information I have given on this form. Falsification of information may result in termination of any scholarship granted. This application becomes the property of UNYEA.

Applicant's Signature _____ Date _____

Employee's Signature _____ Date _____

UNYEA Company Employer's Signature _____ Date _____