

**2023 LONG ISLAND TEACHERS BENEVOLENT FUND
LEN MOTISI MEMORIAL SCHOLARSHIP APPLICATION**

L.I.T.B.F.
100 SOUTH MAIN STREET, SUITE 205
SAYVILLE, NY 11782

ELIGIBILITY: Children of dues paying in-service members of NYSUT locals which are participants in the Long Island Teachers Benevolent Fund, who are high school seniors, graduating this year, and who will be attending a post-secondary institution on a full time basis.

CRITERIA: Proof of academic achievement by submitting a copy of school transcript showing the applicant's **Current GPA**

*Original not needed and please do not send in a sealed envelope.

DEADLINE FOR APPLYING: Applications must be received by the parent's local union president by **MARCH 3, 2023**. It is the responsibility of the local president to submit a completed and signed application including a school transcript with current GPA. **Incomplete applications will be returned**. If applications are resubmitted with the necessary documentation before the deadline, they will be considered. The local president must mail the application to the L.I.T.B.F. by **MARCH 10, 2023**.

**Part I- To be completed by the applicant/student.
(PLEASE TYPE OR PRINT)**

Name: _____

Home Address: _____

Home Telephone Number: _____

High School: _____

Name of College or Post-Secondary educational institutions you will be attending or are considering: _____

I attest to the accuracy and truthfulness of the information provided herein.

Signature of Applicant

(Student): _____ Date: _____

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**Part II- To be completed by the Parent or Guardian of the applicant.
(PLEASE TYPE OR PRINT)**

Parent's Local Union Name and #: _____

Name of building that parent member works: _____

Parent Name: _____ (must be a member of L.I.T.B.F. association)

NYSUT Member #: _____ (Application will not be accepted without this #)

*Spouse's Local Union Name and #: _____
(Needed only if the spouse is a member of a teacher association that is a L.I.T.B.F. member)

Spouse's Name: _____

NYSUT Member #: _____ (Application will not be accepted without this #)

*If both parents Teachers Association are members of the L. I. Teachers Benevolent Fund **DO NOT** send in duplicate applications from both locals.

List below ALL DEPENDENT CHILDREN, INCLUDING APPLICANT, and their ages. Indicate if they are presently full-time college students (12 or more credits).

NAME	AGE	COLLEGE, UNIVERSITY or K-12 school

I attest to the accuracy and truthfulness of the information provided herein.

Parent's Signature: _____ Date: _____

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**Part III- To be completed by the President of the parent's local.
(PLEASE TYPE OR PRINT)**

*PLEASE NOTE: The scholarship check will be made payable to the student. As sometimes students have a different last name than that of a parent, locals are advised to maintain a record of the applicant and the parent's name.

Name of the parent of this applicant: _____

Is the parent of this applicant an in service dues paying member of your local? _____

Teacher Association: _____

Teacher Association Mailing Address:

ALL SCHOLARSHIPS AWARDED TO LOCAL WILL BE MAILED TO THIS ADDRESS

(Add member's building location if you wish it to be added to the scholarship check's memo line)

President Name (please print): _____

President's Signature: _____ Date: _____

CHECKLIST BEFORE SENDING

- Does transcript include G.P.A.? (Please highlight)
- Has the application been signed by the local President?
- Are all transcripts removed from sealed envelopes?

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