

Joseph A. Porco Scholarship Application

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

Application Data

Social Security # mandatory only upon notification of successful applicant

Last Name _____ First Name _____ MI _____
 Address _____
 City _____ State _____ Zip Code _____
 Date of Birth _____ Phone Number _____
 Social Security Number _____

Employee Parent or Guardian Information

Last Name _____ First Name _____ MI _____
 Job Title _____ Department _____ Length of Service _____
 NYPGA Member Company _____ City _____ State _____
 Work Phone _____ Home Phone _____
 Relationship _____ The Applicant is a dependent of the employee? Yes No
 Number of children attending college this year 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 School: 4 Yr. College or University 2 Yr. Community or Junior College
 Vocational-Technical Other, explain: _____
 Major Course of Study _____ Anticipated Graduation Date: Month _____ Year _____
 Student will: Live on Campus Live off Campus Commute from Home
 If school 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	\$ _____
NYSHESC (Tuition Assistance)	\$ _____	Personal Expenses	\$ _____
Funds from Other Sources	\$ _____	Transportation	\$ _____
TOTAL FINANCIAL AID:	\$ _____	TOTAL ESTIMATED COST:	\$ _____

Work Experience

Describe your work experience during the past four years. Indicate the 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 (Ex: student government, music, sports, etc.) List all community activities in which you have participated, without pay, during the past four years (example: Boy/Girl Scouts, Hospital Volunteer, Special Olympics, etc.) Indicate all special awards, honors and offices held.

Activity	Number of Years Participating	Special Awards/Honors	Offices Held

Goals & Aspirations

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

Unusual Circumstances

Please make any comments or indicate any circumstances you would like to bring to the attention of the 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 complete, 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 and 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 Address _____
City _____ State _____ Zip Code _____

Application Checklist

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

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

The student is responsible for submitting all materials on time.
Application Must Be Received by
JUNE 18th, 2024

Selection of Recipients

The 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 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 in this form. Falsification of information may result in termination of any scholarship granted. This application becomes the property of NYPGA.

Applicant's Signature _____ Date _____
Employee's Signature (if different) _____ Date _____
NYPGA Company Employer's Signature _____ Date _____