



CAPITAL
REGION
CHAPTER

Capital District Chapter of the NYS School Facilities Association Scholarship Fund

PURPOSE:

The purpose of the scholarship is to provide tuition assistance to a 2020 Graduate from a school district, who's Director of Facilities is a member of the Capital District Chapter - New York State School Facilities Association in the current school year. Preference will be given to a Chapter Members immediate family (unmarried child). This scholarship is for a 2020 Graduate who will be attending a vocational trade school or pursuing a degree in facilities, engineering, architecture or a related field.

AWARD BENEFITS:

Recipients will be awarded an amount to be determined after a review by the Capital District Chapter Scholarship Committee.

- The amount awarded may not exceed one thousand dollars (\$1,000.00) per year, per *applicant*.
- The total amount distributed by the Chapter from the established fund may not exceed four thousand dollars (\$4,000.00) annually.
- At no time shall the amount awarded exceed the expenses incurred by the applicant.

ELIGIBILITY REQUIREMENT:

Applicant must meet the following eligibility requirements:

1. Be scholastically responsible with a grade point average of "C" or better at the time of the application;
2. Submit a completed application, along with an official transcript (if applicable) of course(s) taken to date and a personal letter of reference;
3. Along with the application, you will be required to submit an essay 200 words or more in length describing what your long-term goals are and how you hope to achieve them.

4. Provide proof of membership (sponsor's membership) in the Capital District Chapter of the NYS School Facilities Association for at least two years. This membership must be current and in good standing.
5. Submit a description of curriculum, course(s) to be taken from the higher education institution.

Capital District Chapter of the NYS School Facilities Association Application for Scholarship Award

Submit by May 01,2020

Student's Name _____ Phone _____

Address _____

City/Town _____ State _____ Zip _____

School District _____

Address _____

City/Town _____ State _____ Zip _____

Relationship to Member _____ Years SBGA Member _____

Intended Program of Study _____

Institution Attending _____

Address _____

City/Town _____ State _____ Zip _____

I affirm that I have read and understand the eligibility requirements for this scholarship, and I agree to bind myself by them. I also understand that the awards are granted based on statements made as part of the application and state that they are true to the best of my knowledge and belief. I further affirm that I have not and will not receive any other funding for the course for which I have submitted this application (only applicable to non-matriculated part-time students).

Signature _____ Date _____

Please attach transcript (if applicable), letter of reference and essay.

Return application to:

Attn: Cyril Grant
Berlin CSD
Superintendent of Buildings and Grounds
P.O. Box 259
Berlin, N.Y. 12022
Phone: (518) 658-1500 Ext. 3011
cgrant@berlincentral.org

