



NYS ASSOCIATION OF TRANSPORTATION ENGINEERS **SECTION 9 (BINGHAMTON) SCHOLARSHIP PROGRAM**

Attached is an application for the 2019 NYS Association of Transportation Engineers Scholarship.

The NYSATE Scholarship committee anticipates distributing \$3,500 this year. The number of scholarships and amounts will be determined based on applications received and the amount available.

1. A Frederick E. Bragg Memorial Scholarship will be awarded, with preference given to an Engineering student.
2. All scholarships:
 - A. Can be used for two or four years of school.
 - B. Will be paid directly to the recipient for payment of tuition or other bona fide school charges.
3. Candidates for scholarships:
 - A. Must be an active or affiliate member, and/or child/ward of an active or affiliate member.
Children/ward of life members may apply for a scholarship using Section 9 local funds, if available. To be eligible the retired member shall have an unbroken membership in NYSATE for a period of five (5) years prior to retirement.
 - B. Honorary members are ineligible.
 - C. The member shall have an unbroken membership in NYSATE for a period of one (1) year preceding the scholarship application.
 - D. Must be a high school senior or graduate, and no further than junior year of college at the time of the application.
 - E. Must be enrolled or plan to be enrolled in degree program.
 - F. Must submit their application to the local NYSATE screening committee no later than **June 14, 2019**.
4. **Applications must include:**
 - A. High school or College transcript.
 - B. A letter of recommendation from the High School Principal, Guidance Counselor, College Advisor, Teacher, Employer, or Coach *for this academic year*.

Selection by the scholarship committee will be based on financial need, scholastic ability and extra-curricular activities. Applications should be returned to one of the following committee members:

Katy Mangan
Planning 14th Floor

Bill Bagley
Design 13th Floor

APPLICATION FOR SCHOLARSHIP
RETURN TO ANY COMMITTEE MEMBER BY **JUNE 14, 2019**
ALL INFORMATION WILL BE KEPT CONFIDENTIAL

NAME OF CANDIDATE: _____
(LAST) (FIRST) (MIDDLE INITIAL)

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

DATE OF BIRTH: _____ RELATION TO NYSATE MEMBER: SON
DAUGHTER
WARD

MEMBERS NAME: _____

WORK LOCATION: _____

TITLE & GRADE: _____

LENGTH OF CONTINUOUS MEMBERSHIP: _____

NUMBER OF DEPENDENT CHILDREN IN MEMBERS FAMILY: _____

NUMBER OF CHILDREN ATTENDING COLLEGE 2019-2020: _____

REFERENCES:
NAME ADDRESS TELEPHONE

1) _____

2) _____

FAMILY GROSS INCOME FROM 2018 TAX FORM: _____

ESTIMATED FAMILY CONTRIBUTION (FROM STUDENT AID REPORT): _____

OTHER SCHOLARSHIPS RECEIVED: _____

EDUCATION: HIGH SCHOOL _____ CLASS OF: _____

COLLEGE, IF CURRENTLY ENROLLED: _____ CLASS OF: _____

COLLEGE MAJOR: _____

EXTRA-CURRICULAR ACTIVITIES (ATTACH EXTRA SHEETS IF NECESSARY):

APPLICANTS SIGNATURE: _____

MEMBERS SIGNATURE: _____

Required Attachments:

Transcript _____ Letter of Recommendation _____