PLEASE POST

KEVIN GILDEA MEMORIAL SCHOLARSHIP

The Nassau County Chapter of the <u>New York Association for Pupil Transportation will</u> award cash scholarships to qualified high school seniors.

Those eligible must be the son or daughter of an employee of a school district or school bus contractor, directly employed in the transportation field servicing Nassau County as well as an associate to a Nassau NYAPT member.

The scholarship committee will make verification of employment. Please feel free to make copies of this application as needed.

Sponsored by:





RULES FOR APPLICATION:

The applicant must be the son or daughter of an employee of a school district or school bus contractor **working directly** in the transportation field **servicing** Nassau County as well as an associate to a Nassau NYAPT member.

The district or bus company must have employed the employee for at least six (6) months prior to the application date.

The employee must still be employed at the time of the scholarship award.

The applicant must be a graduating senior, with a grade average of 80 or above, who intends to extend his/her education or training beyond high school.

Members of the Nassau County **NYAPT** Scholarship Committee will make the award of the scholarship. Scholarships will be based on Academics, Activities, Work Experience, Essay and Neatness.

All documents (application, essay, school transcript and resume) must be returned to:

NYAPT Scholarship Committee nassaunyapt@gmail.com

To be eligible for consideration, the application must be sent via email on or before **May 1st, 2025**.

Winners will be notified by May 15th, 2025.

AWARDED SHOLARSHIP PAYMENTS WILL BE MADE UPON SUBMISSION OF A PAID BURSAR'S TUITION RECEIPT FOR THE 2025 FALL SEMESTER, ON OR ABOUT OCTOBER 1, 2026.

KEVIN GILDEA SCHOLARSHIP APPLICATION

Part A is to be typed or printed in ink by the APPLICANT
Part B is to be typed or printed in ink by the PARENT OR LEGAL GUARDIAN
Part C is to be completed by HIGH SCHOOL GUIDANCE COUNSELOR

Part A - APPLICANT

Name		
AddressT		
Home Phone	Cell	
Name of your High School		
I plan to attend (College Name)		
I believe that I have made a valuable active participation in the following Athletics, Band, Clubs etc.)	school activiti	es (please be specific;
Work and Volunteer Experience		
Honors and Awards		

On a separate sheet please explain, in 300 words or less, how furthering your

education, will impact your life and/or society. (MUST BE TYPED)

Name	
Employed by	
Position	
School District or area served	
Work phone	
Nassau NYAPT Member Yes No	
I certify that the above information is, to the be	est of my knowledge, true and complete. I
authorize the release of information necessary	
Nassau NYAPT affiliate	
Parent or Legal Guardian Signature	Date
Analisant/a Cimatum	Data
Applicant's Signature	Date
PART C – GUIDANCE COUNSELOR	
Grade Point Average	
Weighted Average	
Class Standing	
Total # of Students in this Class	
Total # of Students III tills class	
SAT Score - MathVerba	l <u> </u>
ACT Score	
	IAL SCHOOL TRANSCRIPT**
**PLEASE ATTACH OFFICI	
I certify that, to the best of my knowledg	
I certify that, to the best of my knowledgis correct in regard to the student's scho	
certify that, to the best of my knowledg	