



ESTRA Educational Scholarship Fund APPLICATION for 2024

Send completed application to:
ESTRA, 690 Saratoga Road, #185, Burnt Hills, NY 12027
Applications must be received by May 15, 2024

ELIGIBILITY REQUIREMENTS

To be eligible to receive an ESTRA Educational Scholarship, applicants must meet the following requirements:

1. You must be an *ESTRA member in good standing* or related (as a *spouse or child*) to an ESTRA member in good standing OR an *employee* (for a minimum of three years) or related (as a *spouse or child*) of an ESTRA member in good standing.
2. You must be a high school senior graduating with a cumulative grade point average (GPA) of a B (3.0) or above and be accepted or enrolled in an accredited college or trade school OR you must be enrolled in an accredited college or trade school *and* maintaining a cumulative GPA of a B (3.0) or above.
3. You must not already be the recipient of a full scholarship to an accredited college or trade school.
4. You must complete and submit this application, as well as all required supporting documents.

Please print or type information:

I. Personal Information

Name: _____ Date of Birth: ____/____/____
 Address: _____ City _____
 State: _____ Zip: _____ Telephone: _____ Social Security No.: _____ - _____ - _____

II. ESTRA Member Information

Name of ESTRA Member Company: _____
 Name of Company Owner/President: _____
 Company Address: Street _____
 City _____ State _____ Zip _____

Applicant is: (check one)

- ESTRA Member (company owner/president/manager) – Scholarship Amount \$2,000 annually for up to 4 years *
 - Relative of ESTRA member (*circle one*: spouse/child) – Scholarship Amount \$2,000 annually for up to 4 years *
 - ESTRA Member Employee – Scholarship Amount \$1,000 annually for up to 4 years *
 - Relative of ESTRA Member Employee (*circle one*: spouse/child) – Scholarship Amount \$1,000 annually for up to 4 years *
- * Provided eligibility status is maintained

III. Academic Information

School you attend/have been accepted to: _____
 School Address: Street _____
 City _____ State _____ Zip _____

Year you will be entering: (check one)

- | | | |
|-------------------------------------|--|--|
| <input type="radio"/> 1st/Freshman | <input type="radio"/> 3 rd / Junior | <input type="radio"/> Graduate Level |
| <input type="radio"/> 2nd/Sophomore | <input type="radio"/> 4 th /Senior | <input type="radio"/> Other/Trade: _____ |

Cumulative GPA

High School: _____ College: _____

Intended major (if known): _____

(continued on back)

ESTRA Educational Scholarship 2024 Application *(continued)*

IV. Financial Information

Housing: (check one) Living with parent(s)/relative(s) Not living with parent(s)/relative(s)

Applicant/Spouse (if applicable)

Applicant's occupation: _____

Spouse's name: _____

Spouse's occupation: _____

TOTAL COMBINED INCOME or estimated financial contribution as determined in FAFSA Student Aid Report
\$ _____

Parent/Guardian (for unmarried applicants younger than 21 years of age)

Father/guardian's name: _____

Father/guardian's occupation: _____

Mother/guardian's name: _____

Mother/guardian's occupation: _____

TOTAL PARENTAL INCOME or estimated financial contribution as determined in FAFSA Student Aid Report
\$ _____

V. Anticipated Annual Educational Expenses

Tuition & activity fees: \$ _____

Books & supplies: \$ _____

Room & board: \$ _____

Fees & miscellaneous: \$ _____

Personal expenses: \$ _____

VI. Other Financial Assistance

\$ Amount Applied For

\$ Amount Granted

Scholarships: _____

Grants: _____

Personal Gifts: _____

Loans: _____

VII. Supplemental Materials to be Submitted with Application*

- ❖ *Letter of recommendation from a principal, school counselor, dean, or teacher*
- ❖ *Two letters of recommendation from non-family members who know you personally*
- ❖ *Personal letter from you to ESTRA's Scholarship Fund Committee providing information about yourself, your career and educational goals, and your reasons for applying for this scholarship*
- ❖ *List of personal accomplishments, community service activities, leadership roles, and any prizes, honors, or awards granted for scholastic/creative/athletic efforts*
- ❖ *Certified copy of school transcripts*
- ❖ *Recent photo*
- ❖ *Copy of your most recent FAFSA Student Aid Report or federal tax return and/or that of your spouse or parent/guardian (whichever are applicable)*
- ❖ *Proof of Member Company Employment – for ESTRA Member Employee and relative applicants only.*

* **Note:** The review committee reserves the right to request additional supportive materials from applicants.

I hereby certify that the foregoing information is complete and accurate to the best of my knowledge, and that I am in need of financial assistance to pursue further education.

I understand that failure to complete this application fully and to provide all required/requested materials will render my application incomplete and will disqualify my application from consideration by ESTRA's Scholarship Committee.

Applicant's signature

Date

Parent/Guardian's signature (if applicable)

Date