SCHOLARSHIP APPLICATION FORM

The purpose of the Rochester LECET (Laborers’ Employers’ Cooperation & Education Trust) Scholarship Program is to further the academic pursuits of deserving Laborers’ Local 435 members and their dependents. Scholarships will be awarded based on objectives and reasonable standards of financial need and/or scholastic merit. To that end, up to ten scholarships of Two thousand dollars will be awarded per school year.

Criteria for Eligibility

1. The applicant must have been a participant in the Fund at any time during the eighteen months next preceding the application date or a dependent of an active, retired member of Laborers’ Local 435, who was a participant in the Fund at any time during the eighteen months next proceeding the date of a Scholarship application. For dependents of deceased members, it is twelve months next proceeding the date of a Scholarship application.

2. Applicants will have a passing average. Higher averages will be given first consideration. In addition, participation in extracurricular and community activities will be considered.

3. Applicants must be enrolled as a full-time degree candidate at an accredited educational institution defined as a junior college, college or university at the undergraduate level.

4. Applications must include an official transcript of their grades (high/college) and a certification from the registrar of the accredited educational institution, certifying the applicant is a full-time student. This would be a letter of verification for college students or a letter of acceptance from the college that high school graduate has been accepted by.

NOTE: APPLICATIONS RECEIVED WITHOUT AN OFFICIAL TRANSCRIPT AND A CERTIFICATION LETTER WILL NOT BE CONSIDERED!!!

Applications must be received by April 1 proceeding the next school term. Scholarships will be awarded at the following regular or special Board of Trustees meeting. It is requested that all recipients of the scholarships attend this ceremony to receive their scholarships. At that time an award letter will be given to each recipient. That scholarship award, will be paid directly to the student for the purpose of defraying college expenses.
5. If the student to whom the scholarship is awarded does not maintain enrollment at the educational institution for the full academic year (unless the student obtains a degree during that academic year), the Fund will be entitled to a refund of the full scholarship amount from the student or the participant under whom the student was deemed eligible.

6. If the scholarship is awarded and not used by the applicant, the amount of the scholarship will be retained in the general Rochester LECET (Laborers’ Employers’ Cooperation & Education Trust) assets.
Please print in black or blue ink

Name: __________________________________________________________

Last                      First                      Middle

Home Address: ______________________________________________________

Father’s (guardian) Name: __________________________________________

Mother’s (guardian) Name: __________________________________________

Which of the above is/was a participant of the Rochester LECET (Laborers’ Employers’ Cooperation & Education Trust) at any time during the eighteen months preceding your application date (twelve months for deceased participants): _____________________________

List secondary school(s) attended: __________________________________

To what colleges have you applied: __________________________________

____________________________________________________________________

By which colleges have you been accepted: _____________________________

____________________________________________________________________

What course of study or degree will you pursue: _________________________

Why: ______________________________________________________________

____________________________________________________________________

List school honors won: _____________________________________________

____________________________________________________________________
List school clubs and activities: ____________________________________________

List school sports: _______________________________________________________

In what organization outside of school have you been active and in what capacity: ______________

________________________________________________________________________

Have you applied for or received any financial assistance: _______________________

Are you a U.S. Citizen? ____________________________

I do so affirm that the responses on this application are true to the best of my knowledge and I understand that any misrepresentation will automatically disqualify me. I further agree to abide by all conditions contained herein.

Signature: ________________________________________________

Date: ________________________________

Be sure to mail this application, an official transcript of your high school or college grades, and a letter of certification from the registrar to:

Rochester LECET Scholarship Program
22 Fourth Street
Rochester, NY 14609