



EDUCATIONAL AND CULTURAL TRUST FUND OF THE ELECTRICAL INDUSTRY

158-11 HARRY VAN ARSDALE JR. AVENUE • FLUSHING, N.Y. 11365-3095
TEL: (718) 591-2000 • FAX: (718) 969-3081 • www.jibei.org

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MICHAEL YEE
Director

THE AWARD

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The Trustees of the Educational and Cultural Trust Fund of the Electrical Industry are pleased to announce the opening of the competition for the year 2024 for the Michael Siegel Memorial Scholarship Award. The Scholarship will offer the recipient an award of \$5,000 for undergraduate study at an accredited degree granting college or university located within the continental United States.

WHO IS ELIGIBLE?

The eligibility requirements for the scholarship award are:

- 1) Awards to be given annually to the sons and daughters of eligible **Sign Division** participants who graduated high school in June 2023 or who will graduate in June 2024.
- 2) One parent must have been employed and/or available for employment by Sign Division employers who contribute to the Educational and Cultural Trust Fund of the Electrical Industry for at least five years immediately prior to the date of application and must meet all the Educational and Cultural Trust Fund requirements. This includes pension members who otherwise meet the requirements of the Educational and Cultural Trust Fund.
- 3) Each applicant must file the enclosed application form, along with a copy of the **child's birth certificate**, or other proof with names of both parents, with the Scholarship Advisory Committee not later than January 31, 2024. **The member and applicant must sign form.**
- 4) All applicants must apply for admission and complete all the requirements for admission to an accredited college.
- 5) Complete the Scholastic Aptitude Tests (SAT's) (College code 0071) plus Achievement Tests (when required by the College you wish to attend) (ACT code 6796) by January 31, 2024. Applicants shall request a copy of their scores to be sent to the **Scholarship Advisory Committee, 158-11 Harry Van Arsdale Jr. Avenue, Flushing, NY 11365**, as well as to each college the applicant wishes to attend.

SELECTION OF WINNERS

THE SCHOLARSHIP ADVISORY COMMITTEE WILL DETERMINE
THE WINNERS ON THE BASIS OF:

1. SCHOLASTIC APTITUDE TESTS (S.A.T.'S) OR ACT SCORES
2. ACHIEVEMENT IN HIGH SCHOOL, INCLUDING SCHOLASTIC AVERAGE, CLASS RANK AND AWARDS
3. COLLEGE FRESHMAN YEAR GPA, IF APPLICABLE
4. OFFICIAL CERTIFIED COLLEGE TRANSCRIPT, IF APPLICABLE

PLEASE SUBMIT OFFICIAL HIGH SCHOOL TRANSCRIPT WITH SCHOOL SEAL AND SIGNED BY A GUIDANCE COUNSELOR, SAT SCORES, FRESHMAN G.P.A. AND OTHER REQUIRED DOCUMENTS WITH YOUR APPLICATION.

THE EDUCATIONAL AND CULTURAL TRUST FUND WILL ACKNOWLEDGE RECEIPT OF EACH APPLICATION. IF YOU DO NOT HEAR FROM US WITHIN A MONTH CALL (718) 591 2000, EXTENSION 1500

NINTH ANNUAL MICHAEL SIEGEL MEMORIAL SCHOLARSHIP AWARD PROGRAM 2024
EDUCATIONAL AND CULTURAL TRUST FUND OF THE ELECTRICAL INDUSTRY

PLEASE PRINT OR TYPE ALL INFORMATION AND
 RETURN THIS APPLICATION IN THE ENCLOSED ENVELOPE

| APPLICANT | | |
|--------------------------|---------------------------------|--|
| LAST NAME | | |
| FIRST NAME | | MIDDLE NAME |
| PRESENT ADDRESS – STREET | CITY, STATE, ZIP CODE | EMAIL ADDRESS <small>(APPLICANT MUST PROVIDE A VALID EMAIL ADDRESS)</small> |
| PHONE NUMBER | DATE OF BIRTH ____/____/____ | SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |

| MEMBER | | |
|---|--------------|----------------------|
| NAME | | |
| PRESENT ADDRESS | | |
| EMAIL ADDRESS <small>(MEMBER MUST PROVIDE A VALID EMAIL ADDRESS)</small> | PHONE NUMBER | FOR OFFICE USE ONLY. |
| DIVISION | CARD NUMBER | |
| PRESENT EMPLOYER <input type="checkbox"/> Retired | | |

| EDUCATION | | | | | |
|---|-------------------|------------------|--------------------|----------------------------|---|
| <small>LIST EVERY SCHOOL YOU HAVE ATTENDED WHETHER YOU GRADUATED OR NOT, GIVING EXACT DATES OF ATTENDANCE</small> | | | | | |
| | NAME AND LOCATION | DATE OF ENTRANCE | DATE OF GRADUATION | DIPLOMA OR DEGREE RECEIVED | REASON FOR WITHDRAWAL OTHER THAN GRADUATION |
| HIGH SCHOOLS | | | | | |
| GRAMMAR SCHOOLS | | | | | |
| OTHER | | | | | |

| EMPLOYMENT EXPERIENCES | | |
|--|------------------|---------------------|
| <small>INDICATE ANY BUSINESS OR PROFESSIONAL EXPERIENCE YOU HAVE HAD</small> | | |
| NAME AND ADDRESS OF EMPLOYER | TYPE OF POSITION | DATES OF EMPLOYMENT |
| | | |
| | | |
| | | |

| HIGH SCHOOL ATHLETIC OR NON-ATHLETIC STUDENT ACTIVITIES | |
|--|--|
| <small>CHECK ALL THAT APPLY</small> | |
| NON – ATHLETIC | <input type="checkbox"/> BAND <input type="checkbox"/> DEBATE <input type="checkbox"/> GLEE CLUB <input type="checkbox"/> ORCHESTRA <input type="checkbox"/> SCHOOL PUBLICATIONS <input type="checkbox"/> STUDENT COUNCIL <input type="checkbox"/> OTHERS: |
| ATHLETIC | <input type="checkbox"/> BASEBALL <input type="checkbox"/> BASKETBALL <input type="checkbox"/> FOOTBALL <input type="checkbox"/> LACROSSE <input type="checkbox"/> SOCCER <input type="checkbox"/> SOFTBALL <input type="checkbox"/> SWIMMING <input type="checkbox"/> TENNIS <input type="checkbox"/> TRACK AND FIELD <input type="checkbox"/> OTHERS: |

HONORS AND AWARDS

LIST MAXIMUM OF 5 OF ANY ACADEMIC OR ACTIVITY HONORS WHICH YOU MAY HAVE RECEIVED

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COLLEGE

IT IS IMPORTANT THAT YOU INDICATE THE SCHOOLS AT WHICH YOU WISH TO BE CONSIDERED AN APPLICANT. LIST FOUR-YEAR COLLEGES WITHIN THE CONTINENTAL UNITED STATES, THAT ARE NOT TUITION FREE

| | COLLEGE | ADDRESS |
|--|---------|---------|
| FIRST CHOICE | | |
| <input type="checkbox"/> CURRENTLY ATTENDING | | |

IF YOU ARE A FRESHMAN IN COLLEGE, FILL OUT THE FIRST SECTION AND CHECK THE "CURRENTLY ATTENDING" BOX.

| | | |
|----------------------|--|--|
| SECOND CHOICE | | |
|----------------------|--|--|

| | | |
|---------------------|--|--|
| THIRD CHOICE | | |
|---------------------|--|--|

AREA OF STUDY

CHECK THE AREA OF STUDY IN WHICH YOU ARE MOST INTERESTED

| | | | | | | |
|--|------------------------------------|--------------------------------------|--------------------------------------|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> BUSINESS ADMINISTRATION | <input type="checkbox"/> DENTISTRY | <input type="checkbox"/> ENGINEERING | <input type="checkbox"/> FINE ARTS | <input type="checkbox"/> LABOR STUDIES | <input type="checkbox"/> LAW | <input type="checkbox"/> LITERATURE |
| <input type="checkbox"/> MEDICAL | <input type="checkbox"/> MEDICINE | <input type="checkbox"/> SCIENCE | <input type="checkbox"/> SOCIAL WORK | <input type="checkbox"/> TEACHING | <input type="checkbox"/> OTHER _____ | |

IMPORTANT

PLEASE RETURN THIS APPLICATION (WITH A **PHOTOCOPY OF CHILD'S BIRTH CERTIFICATE** OR OTHER PROOF WITH NAMES OF BOTH PARENTS) BY JANUARY 31, 2024. **OFFICIAL TRANSCRIPT** MUST BE SENT DIRECTLY FROM THE SCHOOL IN A SEALED SCHOOL ENVELOPE. **SAT OR ACT** MUST BE SENT THROUGH COLLEGEBOARD (CODE 0071) OR ENCOURA (CODE 6796):

SCHOLARSHIP ADVISORY COMMITTEE OF THE EDUCATIONAL AND CULTURAL TRUST FUND OF THE ELECTRICAL INDUSTRY 158-11 HARRY VAN ARSDALE JR. AVENUE, FLUSHING, NEW YORK 11365

YOU ARE REQUIRED TO TAKE A COLLEGE ENTRANCE BOARD EXAMINATION TO BE CONSIDERED AS AN APPLICANT FOR THIS PROGRAM. THE ACHIEVEMENT EXAMINATION AND THE SAT EXAMINATION ON DECEMBER 2ND, 2023, ARE THE LAST EXAM SCORES THAT WILL BE ACCEPTED FOR APPLICANTS IN THE YEAR 2024 AWARDS PROGRAM. THE COLLEGE ENTRANCE BOARD EXAMINATION FORMS ARE DISTRIBUTED BY YOUR HIGH SCHOOL GUIDANCE OFFICE. RESPONSIBILITY FOR TAKING THE SCHOLASTIC APTITUDE TESTS AND ACHIEVEMENT TESTS IS YOURS ALONE.

BE SURE THIS FORM IS FORWARDED, POSTMARKED NO LATER THAN JANUARY 31ST, 2024. PLEASE RECHECK TO SEE THAT YOU HAVE LISTED YOUR COMPLETE ADDRESS, INCLUDING ZIP CODE, AREA CODE, AND PHONE NUMBER, AND YOUR FATHER OR MOTHER'S UNION CARD NUMBER, AND A PHOTOCOPY OF CHILD'S BIRTH CERTIFICATE OR OTHER PROOF WITH NAMES OF BOTH PARENTS.

MEMBER S SIGNATURE

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APPLICANT'S SIGNATURE

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