

## The 2024 UNYEA Michael J. Manning Memorial Scholarship

Energy Association Please type or print all information except for signature. Attach sheets for additional information if needed.

Application	NAME:	NAME: Last			First			MI			
Data	PERMANENT HOME MAILING	Address									
	ADDRESS:	City				s	tate		Zip Code		
	DATE OF BIRTH:	Month	Day		_ Year	r P	Phone: ( _	)_			
	SOCIAL SECURIT	Y #:									
Employee	Last Name F				irst Name MI						
Parent or Guardian Information	Job Title			_			Ler	_			
	UNYEA Member Company			•							
	Work Phone ( ) Home Phone ( )										
	Relationship to Applicant The applicant is a dependent of the employee? $\square$ Yes $\square$ No										
	Number of child	ren attending col	lege in 2024	-25 incl	uding appli	cant:					
High School	School Name			Graduation Date: Month Y				Year			
Data	City	City State Phone ( )									
Post	Name of post-sec	condary school y	ou plan to at	tend. I	f unknown,	please list i	in order o	of prefer	ence the scho	ols	
Secondary	•	e applied. Use o									
School				City							
Data	School NameCityState										
		☐ Vocationa	al-Technical Other, explain								
	Major Course of	study								—	
	Student will: If school choice	☐ is a public institu	Live on camp ution, applica						from home t-of-state tuitio	on	
Student's	FINANCIAL AID:				ESTI	MATED STUD	DENT'S CO	STS:			
Financial	College Work-St Other Campus E	Tuition & Fees \$ Room & Board \$									
Information	Scholarships, G	·									
81	NYSHEC (Tuition						\$				
	Funds from Other Sources \$  TOTAL FINANCIAL AID: \$				Transportation \$ TOTAL COSTS (Est.): \$						
Want	Describe your work experience during the past four years. Indicate dates of employment in each job and										
Work Experience	approximate nu	approximate number of hours worked each week. List amounts earned at each job.									
Experience	Company/Pos	MO/YR.	YR. To MO/YR. Ho			ours Per Week Monthly I					
										-	
W -											
Lis	t all school activi	ties in which you	ı have partio	ipated	during the	past four y	ears (e.g	.: stude	nt governmen	t,	
	ısic, sports, etc.). ır years (e.g.: Bo										
	nors and offices h	J /	oopital void		pecial oi,		, IIIaica		poolal allara		
A	ctivity No. Yrs	Special Awards Honors	Offices He	eld	Activity	No. Yrs Partic.	Special A Hono		Offices Held		
	Partic.										
4											
7				-						$\dashv$	
14										_	

## Upstate New York Energy Association

## The 2024 UNYEA Michael J. Manning Memorial Scholarship

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Goals & Aspirations	Make a statement of your plans as they relate to your educational and career objectives and future goals.							
Unusual Circumstance	Please make any comments or indicate any circum	stances you would like to bring to the attention of the						
Teacher/ Counselor/ Supervisor/ Evaluation	as his or her Guidance Counselor or Faculty Advisor, we would be grateful for any remarks you would care o make relative to the applicant's general attitude and citizenship. Of course, your comments will be considered strictly confidential and may be of material assistance in the furtherance of the applicant's continuing education. You may attach additional pages if you wish.							
You have been asked to provide information in support of this application. Please give								
immediate attention to the following statements. When completed please return to applicant; or, photocopy this	Name of School:							
section and return to applicant in a	Address:	Title:						
ranscript Information	Applicant must include a high school transcript of graschool official.  Applicant ranks in a class of Cumulati	des & have this section completed by the appropriate ve Grade Point Average /4.0						
	PSAT Verbal Math SAT Verbal School Official's Signature Da School Official's Address	te Title Phone ( )						
80		State Zip						
Checklist	This application for a scholarship becomes complete materials:  √ Student Application √ Current Transcript(s) of Grades to:	The student is responsible for submitting all materials to UNYEA on time.						
	Michael J. Manning Memorial Scholarship c/o ESEA, 250 Jordan Rd., Troy, NY 12080	Postmark Deadline is May 31, 2024.						
Selection of Recipients	UNYEA Scholarship Committee has the sole responsib criteria as set forth in this Program's Brochure and A							
Certification	η of my knowledge. If requested, I agree to sup	ormation provided is complete and accurate to the best ply proof of information I have given on this form. nation of any scholarship granted. This application						
	Applicant's Signature	Date						
	Employee's Signature (if different)	Date						
	UNYEA Company Employer's Signature	Date						