

Elevator Conference of New York

P.O. Box 1371
Long Island City, NY 11101
Phone: 718.409.5224



Scholarship Fund 2018

Dear ECNY Member:

It is with great pride and excitement that we enclose the information packet in providing a minimum of two \$5,000 scholarships (Note: If the committee receives more than 10 applications there will be additional scholarships awarded in various amounts) to high school seniors. Any daughter, son, stepchild or grandchild of an ECNY member in good standing is eligible.

The deadline date for ECNY to receive full submission must be received by **MARCH 15TH, 2018** to be eligible. We urge you to review all of the attached requirements. Individual members are permitted to submit one application per household. Corporate members are permitted to submit a maximum of five applications, one per household.

The contact for the ECNY Scholarship can be reached at info@ecnyweb.com and a copy of this application can be found on the ECNY website: www.ecnyweb.com and go to Scholarships.

Please feel free to contact me should you have additional questions. In addition, the Board of Director's are available to help answer any questions. We look forward to receiving submissions from you or your employees; children, stepchildren or grandchildren. Let's make their road ahead a little easier with our check.

On behalf of all your Board of Directors at
ELEVATOR CONFERENCE OF NEW YORK

A handwritten signature in black ink, appearing to read "Kenneth V. Beyer".

**Elevator Conference of New York
Scholarship Fund**

1. A minimum of two \$5,000 Scholarships will be awarded to a high school senior son, daughter, stepchild or grandchild of an ECNY member in good standing. Note: If the committee receives more than 10 application there will be additional scholarships awarded for various amounts.
2. The following should be completed and sent to ECNY headquarters by the applicants to the President:
 - A. ECNY SCHOLARSHIP APPLICATION FORM**
 - B. PHOTOGRAPH - BLACK & WHITE OR COLOR, 3 X 5 OR LARGER**
 - C. HIGH SCHOOL TRANSCRIPT**
 - D. SCHOLASTIC APTITUDE TEST OR ACT SCORES.**
 - E. TEACHERS, CLERGY, ETC LETTERS OR RECOMMENDATION-MAXIMUM OF FIVE (5) FROM HIGH SCHOOL PRINCIPLE.**
3. The Selection Committee will consider only those nominations received by **March 15st, 2018.**
4. The Selection Committee will be comprised of Members and the Board of Directors of ECNY. Relatives of the Board of Directors are not eligible for this program.
5. Individual members are permitted to submit one (1) application per household, per year. Corporate members are permitted to submit a maximum of five (5) applications per year per corporation per household. No employee of a corporate member may submit more than one (1) application per year. Corporate applications will be accepted on an as received basis.
6. The ECNY Office will inform the recipients of their selection in an award letter containing the terms and requirements that scholarship recipients must fulfill.
7. Money will be made available to the recipient through the College Registrar, or the Financial Aid Officer, who will administer it in a manner in keeping with each institution's policies.
8. It is the responsibility of the recipient to make all arrangements for college admission, acceptance and enrollment, and for notification to the ECNY Office by the authorized college officer of the recipient's enrollment.
9. A runner-up will be announced if a winner declines.
10. To use the Scholarship, recipients may attend any technical training school, four-year accredited college or university of their choice, or any junior college. The ECNY Office will correspond with recipient prior to college enrollment to be certain that they understand the policy. In order to receive the Scholarship, the recipient must attend the fall term of the college selected and take a full-course load leading to graduation.
11. The recipient of the ECNY Scholarship will be asked to accept the Scholarship Award in person at our annual meeting. (This is an Award; the check will be sent directly to the school).

I have read and agreed to the terms and requirements listed above.

PARENT SIGNATURE _____ DATE _____

STUDENTS NAME: _____ (Block Letters)

Elevator Conference of New York: Date received: _____

SCHOLARSHIP PROGRAM NOMINATING FORM

DIRECTIONS FOR THE NOMINEE

1. You are instructed by ECNY to complete this form and return it to the Scholarship Committee *on or before MARCH 15ST, 2018*. All information supplied by you is for use by the Selection Committee of ECNY and will be treated as confidential.
2. Be sure that you have filed an application for admission to the vocational school or four-year accredited college(s) or junior college of your choice and be certain to arrange for and take the College Entrance Examination Board Scholastic Aptitude Test and other appropriate entrance examinations which may be required by each institution which you seek admission. It is the nominee's responsibility to make all arrangements for college admission.
3. A minimum of two scholarships in the amount of \$5,000 for one year will be awarded to the winning nominees with an outstanding high school record of achievement and evidence of excellent college aptitude. Note: If the committee receives more than 10 applications there will be additional scholarships awarded for various amounts.
4. Secure and attach an official transcript of the nominee's high school academic to date. Standardized test scores such as the results of the CEEB Preliminary Merit Scholarship Qualifying Test, or others entered on the transcript by the high school principal or guidance officer will be very helpful to the Selection Committee. The Selection Committee must have the results of the CEEB Scholastic Aptitude Or ASK Test.
5. Attach letters of recommendation (maximum of five) supporting the nominee as a candidate for a scholarship.
6. Mail this application, high school transcript, and letters of recommendation to:

Elevator Conference of New York
President
P.O. Box 1371
Long Island City, New York 11101

Elevator Conference of New York
Scholarship Fund

APPLICATION

Applicant Name:		Birth Date:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/>
Home Address:				
City:		County:	State:	Zip:
Telephone:		Email:		

ECNY Member Name:		Membership Corporate <input type="checkbox"/> Individual <input type="checkbox"/>
Employee:		Employer:
Address		Address:
City/State/Zip		City/State/Zip

High School Attended:	
Name	Attendance Date:
Address/City/State/Zip	Graduation Date:

List High School Extra Curriculum Activities, Offices and Distinctions: attach additional sheet if necessary)

College(s) to which you are applying for Admission

