

# The Camilla G. Belser Memorial Scholarship Fund



## About our friend and colleague, Cammy Belser

*Cammy Belser was one of the founding members of the Long Island Insurance Community (LIIC) and from its inception until her untimely passing; she served as the inspirational leader of the organization.*

*The Long Island Insurance Community Board, members and United Way of Long Island continue to honor the legacy of our beloved colleague.*

*In memory of Cammy, and her commitment to education and the insurance industry, The Long Island Insurance Community established the Camilla G. Belser Memorial Scholarship Fund through United Way of Long Island in her honor.*

*The program offers a \$2,500 annual renewable scholarship to a student who will be attending Nassau or Suffolk Community College. We will consider other accredited two-year colleges.*

Applicants must submit an application, which must be postmarked no later than April 19, 2019 for consideration for the 2019 - 2020 academic year. Scholarships will be awarded on the basis of scholarship criteria and applicant eligibility. Candidates must submit an essay with their application, a resume, two letters of recommendation and all other items listed below.

### **Applicants must meet the following criteria:**

- Applicant must be a graduating high school senior residing in Nassau or Suffolk County
- Applicant must have been accepted to Nassau or Suffolk Community College (*Other accredited two-year colleges will be considered.*)
- Applicant must demonstrate financial need; a copy of your FAFSA Student Aid Report (SAR) and parent/guardian's most recent 1040 (first 2 pages only) must be submitted with the application
- Applicant must be available for an interview with the Program Chairperson if deemed necessary

### **Application Checklist**

#### **Have you included?**

- Completed Application Page \_\_\_\_\_
- Copy of FAFSA Student Aid Report (SAR) and parent/guardian's most recent tax return (first 2 pages only) \_\_\_\_\_
- Copy of SAT and/or ACT Scores \_\_\_\_\_
- Copy of college acceptance letter (if available) \_\_\_\_\_
- Copy of student's resume \_\_\_\_\_
- Student's essay/personal statement \_\_\_\_\_
- Copy of student's High School Transcript or GED with scores \_\_\_\_\_
- Two letters of recommendation \_\_\_\_\_

**(Note to Guidance Counselors –Please provide transcript & recommendation letters to students to be mailed with all other materials - DO NOT SEND SEPARATELY)**

***Your application is only considered complete and valid when all items listed are mailed together***

**All applications must be postmarked by Friday, April 19, 2019 and mailed to:**

**The Camilla G. Belser Memorial Scholarship Fund**

**Attn: Trish Rivers**

**United Way of Long Island**

**819 Grand Blvd.**

**Deer Park, New York 11729**



# The Camilla G. Belser Memorial Scholarship Fund

## Scholarship Application: Applicant Data

Applicant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM / DD / YYYY

Gender: *Male / Female*  
Circle one

Does Family own home: Yes / No  
circle one

Veteran in Household: Yes / No  
circle one

Applicant's Mailing Address: \_\_\_\_\_  
Street Address City State Zip Code

Applicant's Home Phone: \_\_\_\_\_ Applicant's Cell: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_

School /Program applicant will be attending \_\_\_\_\_  
(Please include admission letters and/or materials on program if available)

### Education

Name of High School Attended: \_\_\_\_\_ Graduation Year \_\_\_\_\_

Did you graduate? (Please circle) Yes No

If you withdrew from High School, do you have a GED (Please circle) Yes No

(If yes, please attach a copy of the GED Certificate to this application)

### Personal Statement

In an approximately 250-word essay (one type-written page), write a personal statement about a skill, talent, challenge, or opportunity that you think sets you apart from others?

### Letters of Recommendation

Please provide two letters of recommendation: one from a school counselor or teacher and the other from a church, community leader or other who can attest to your involvement with community service activities at school, church or in the Long Island Community.

### Applicant and Parent/Guardian Disclosure

I, \_\_\_\_\_ attest that all of the information provided in this application is complete, factually correct and honestly presented. I understand that if any of the information is found to be false, this may result in disqualification or forfeiture of the scholarship award. I understand that it is my responsibility to submit appropriate bills and grades each semester to United Way of Long Island for payment that will be made directly to the appropriate academic institution or vendor. I understand that my signature below attests to the above, and I agree to adhere to these terms. If the applicant is under the age of 18 years old, an additional signature of a parent or guardian is required.

\_\_\_\_\_  
Applicant Signature and Date

\_\_\_\_\_  
Parent or Guardian Signature and Date

