

# 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 20, 2018 for consideration for the 2018 - 2019 academic year. Scholarships will be awarded on the basis of scholarship criteria and applicant eligibility. Candidates should submit an essay with their application, a resume, two letters of recommendation and a copy of their acceptance letter from the institution they will be attending, if available.

### 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) 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?

- Copy of FAFSA report or parents/guardians' most recent tax return (where applicable) \_\_\_\_\_
- Copy of SAT or ACT Scores (where applicable) \_\_\_\_\_
- Copy of your Transcript or GED with scores (where applicable) \_\_\_\_\_
- Copy of your college acceptance letter (if available) \_\_\_\_\_
- Copy of your resume \_\_\_\_\_
- Two letters of recommendation \_\_\_\_\_
- Your essay/personal statement \_\_\_\_\_

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

**All applications must be submitted by Friday, May 8, 2020 to:** The

Camilla G. Belser Memorial Scholarship Fund

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: \_\_\_\_\_ Last four of S.S.N \_\_\_\_\_ Gender (Circle): Male/Female

Mailing Address: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ Alternate Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

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 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



GIVE. ADVOCATE. VOLUNTEER.  
**LIVE UNITED** 