

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 up to \$5,000 spread over 2 years to a student who will be attending Nassau or Suffolk Community College. We will consider other accredited two-year colleges.

Applicants must submit all the application materials together no later than April 27, 2020 to be considered for the scholarship for the 2020 – 2021 academic year. Candidates must submit an essay, a resume, two letters of recommendation and all other items listed below with their application.

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 in one envelope.

All applications must be sent via Mail and received in the United Way offices by Monday, April 27, 2020. Mail to:

The Camilla G. Belser Memorial Scholarship Fund

Attn: Trish Rivers

United Way of Long Island

819 Grand Blvd.

Deer Park, New York 11729



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Scholarship Application: Applicant Data



Applicant's Name: _____ Age: _____ Date of Birth: ____/____/____
MM / DD / YYYY

Gender: *Male / Female* Does Family own home: Yes / No Veteran in Household: Yes / No
Circle one circle one circle one

Applicant's Mailing Address: _____
Street Address City State Zip Code

Applicant's Home Phone: _____ Applicant's Cell: _____

Applicant's Email Address: _____

High School Guidance Counselor Name: _____

High School Guidance Counselor Email: _____

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