c/o NYCCT Foundation • 16 Court Street, Suite 600 • Brooklyn, NY 11241 Tel: 718.260.5651 • Fax: 718.254.8524 • email: bzscholarship@citytech.cuny.edu

IRWIN H. POLISHOOK DOCTORAL SCHOLARSHIP APPLICATION 2020-2021 APPLICATION YEAR - GENERAL INFORMATION

The Professional Staff Congress/CUNY, the instructional staff union of the City University of New York, established the Belle Zeller Scholarship Trust Fund in 1979. The Belle Zeller Fund offers scholarships to undergraduate students at CUNY as well as to a student in the CUNY Law School and a student in the CUNY doctoral programs. The scholarships honor the founding president of the PSC, Belle Zeller, Professor Emeritus of Political Science at Brooklyn College, where she taught for over 40 years. Professor Zeller had an outstanding sense of social commitment, notable leadership talents, and a record of achievement that earned her a national reputation in her field. She died in 1998.

Recipients should exemplify the social commitment, leadership and achievements that marked the career of Belle Zeller. In 2000, the Trustees of the Fund named the scholarship offered to a student in the doctoral programs *The Irwin H. Polishook Scholarship* to express their admiration for Professor Polishook's contributions to unionism in higher education. He was an associate of Belle Zeller's, succeeded her as President of the PSC, and served in that position for 24 years, retiring in 2000. Professor Polishook also held important positions in the state and national affiliates of the PSC, and wrote extensively on higher education issues. We are pleased to acknowledge his many accomplishments through this scholarship. The Fund is currently an independent, non-profit organization.

- 1. The office of the Vice President for Student Affairs at the Graduate Center will review all nominations prior to submission to the Trustees of the Belle Zeller Scholarship Trust Fund. The Belle Zeller Trustees will then review all applications and select those candidates to be interviewed. Finalists will be interviewed by the Trustees of the Fund.
- 2. The number of scholarships will be determined solely by the Trustees in accordance with their absolute discretion.
- 3. This non-renewable scholarship will be paid in 2 installments of \$2,500 provided all the conditions continue to be met by the recipients.
- 4. All applicants are entitled to equal consideration in terms of equal opportunity/affirmative action provisions in accordance with Internal Revenue Service stipulations.
- 5. Note that this is a merit scholarship and is not based on financial need.

Irwin H. Polishook Scholars who do not abide by the terms of the stated conditions will forfeit their remaining benefits.

ELIGIBILITY

I. Applicants shall have registered for the current semester and be in active full-time attendance at the CUNY Graduate Center.

- II. Applicants shall have completed at least one year of doctoral study to be eligible for this award.
- III. The criteria for selecting applicants shall include:

a) A Graduate School cumulative grade point average (GPA) of at least 3.75.

b) Written recommendations by the Executive Officer and at least two other doctoral faculty members of the CUNY Graduate Center.

- c) Other evidence of achievement and academic merit such as:
 - 1. Honors and awards.
 - 2. Publications and papers delivered at scholarly meetings.

d) Two letters of evaluation, which offer evidence of social commitment through current university, professional or community service.

IV. The award is based on outstanding academic achievement and noteworthy social commitment as measured by service to the university and other communities. The applicant should keep these criteria in mind when preparing the application and in the selection of evaluators.

c/o NYCCT Foundation • 16 Court Street, Suite 600 • Brooklyn, NY 11241 Tel: 718.260.5651 • Fax: 718.254.8524 • email: <u>bzscholarship@citytech.cuny.edu</u>

INSTRUCTIONS

Mail or hand deliver your completed application to:

Office of the Vice President for Student Affairs Graduate Center 365 Fifth Avenue New York, New York 10016

The Vice President will submit your application to the Belle Zeller Scholarship Trust Fund by **March 6, 2020,** therefore your applications must be postmarked and submitted to the Vice President no later than **February 18, 2020.**

NO phone inquiries will be accepted. If you have any questions, please write to the Belle Zeller Scholarship Trust Fund, c/o NYCCT Foundation; 16 Court Street, Suite 600; Brooklyn, NY 11241 or email bzscholarship@citytech.cuny.edu.

Only typed applications will be considered. All others will not be evaluated. Please note that the application form below is **interactive**. You can avoid having to find a typewriter by filling it out online and then using the "Print Form" button to print a completed application. Please be aware that you **cannot save changes to the interactive form**. Be prepared to fill it out in one sitting to avoid having to repeat your work.

It is your responsibility to see that your completed application is sent to the Vice President by **February 18, 2020**. If you have transferred from another institution, you must provide an **official transcript** from the school where your credits were originally earned.

The Fall 2018 Bursar's receipt must accompany your completed application. Five letters of evaluation must be submitted by responsible persons in leadership/supervisory positions who can attest to your academic achievement, leadership and social commitment. It is advisable to select writers who are familiar with your qualities and who can comment in detail about these attributes. One of these letters must be from the Executive Officer; two must be from other doctoral faculty members of the CUNY Graduate Center and must address your academic performance and contributions; and two letters must be from people who can evaluate your leadership and social commitment. Applicants who are called for an interview must bring with them a Spring 2020 Bursar's receipt showing proof of full-time enrollment, and an updated official transcript or official grade report that indicates the grades for the Fall 2019 semester. All selected candidates must be available for an interview by the Selection Committee.

It is your responsibility to distribute the evaluation forms to your evaluators. These completed forms must be enclosed in your packet and submitted no later than **February 18, 2020**.

Applicants selected for an interview will be notified of the Trustees' decision via mail by **June 30, 2020**. The decision of the Trustees will be final. All materials submitted remain the property of the Scholarship Trust Fund and will not be returned.

CHECKLIST

The following documents are required. If we do not receive them, your application will not be considered:

- 1. Application (pages 2-3)
- 2. Statement (page 4)
- 3. Cover Sheet (page 1)
- 4. Fall 2019 Bursar's Receipts
- 5. Official Transcript
- 6. Five Letters of Reference

c/o NYCCT Foundation • 16 Court Street. Suite 600 • Brooklyn, NY 11241 Tel: 718.260.5651 • Fax: 718.254.8524 • email: bzscholarship@citytech.cuny.edu

PAGE 2

GRADUATE APPLICATION FORM – AY 2020-2021

Please type only

DIRECTIONS: **COMPLETE ALL ITEMS.** Omissions or incomplete responses will detract from your application. In sections II and III, the space provided may not be sufficient. In that case, use the back of the form or an additional sheet and indicate the number of the item to which the added information applies. Do not submit material unrelated to this form. This is an **interactive** form; you can fill it out online but you **cannot save changes.** Save yourself time and trouble by filling it out in one sitting!

I. PERSONAL DATA:

Last Name	First	Middle
Address		Zip Code
(Area) Telephone Number	E-mail Address	CUNYFirst ID #
ACADEMIC INFORMATION		
High School	Address	Attendance Dates
College What is your cumulative <u>GPA</u> as	Highest Degree a doctoral candidate as of Fall 2	
Official Transcript(s) of your grad	uate record(s) must be included	in you r packet.
II. EXTRA-CURRICULAR AC credit was granted for these activities.	TIVITIES:In this section, list or	nly unpaid activities. Indicate if academic
University activities (if any):		
Name of Activities:		
Your Specific Role (Including L		

Name of Applicant:	CUNYFirst ID #	
Name of Applicant.		

Other Activities: (Community, College, Religious, etc.)

Name of Activity and Dates including Leadership Posts:

III. AWARDS:

Publications and Papers Delivered at Scholarly Meetings

IV. EMPLOYMENT RECORD: Include any paid activity in college as well as all outside employment.

List the jobs you have held, starting with the most recent:

V. **REFERENCES**: It is your responsibility to obtain the letters of evaluation from five individuals in positions of leadership/supervision, who can attest to your contributions to the college, university, and/or community. One letter must be from the Executive Officer and at least two others from doctoral faculty members of the CUNY Graduate Center. The other two letters should offer evidence of leadership and social commitment. List reference writers:

NAME	<u>TITLE</u>	INSTITUTION
(1)		
(2)		
(3)		
(4)		
(5)		

NOTE: These letters <u>must</u> be included in your packet along with the documents listed in the Instructions above.

PERSONAL STATEMENT

Name of Applicant ______CUNYFIRST ID # _____

VI. APPLICANT'S STATEMENT: In a MAXIMUM OF 600 words, write a personal statement discussing your interests, life experiences, goals and social commitment. Use the back of this sheet if more space is needed. If you prefer, you may staple your statement to this page rather than use this form. If you use a separate page, do not forget to sign and date the Affirmation on the bottom of page 4. Your application cannot be considered if the Affirmation is not completed. Do not exceed the maximum length. LONGER ESSAYS WILL NOT BE READ.

Make sure that any evidence of social commitment discussed in your personal statement is also listed in Section II of this application and is validated by your choice of reference writers.

(TYPE BELOW)

VII. AFFIRMATION: I affirm that, to the best of my knowledge, all information and statements provided in this application form are complete and accurate. I also agree to supply all academic records and other supporting materials requested by the Trustees of the fund, and I understand that failure to do so will disqualify me from further consideration for a scholarship. I understand that failure to register for, and complete a full-time course of study at the CUNY Graduate Center will forfeit my scholarship. I further understand that any false or misleading information or statements will disqualify me from further consideration for a scholarship. Note: The Affirmation must have an original or electronic signature.

Signed: _____ Date: _____

c/o NYCCT Foundation • 16 Court St, Suite 600 • Brooklyn, NY 11241 Tel: 718.260.5651 • Fax: 718.254.8524 • email: bzscholarship@citytech.cuny.edu

Page 5

LETTER OF EVALUATION

Please Type Only

TO THE APPLICANT:

Ι, _

(Name of Applicant)

(CUNYFirst ID #)

_to complete a letter of evaluation for me on this form.

hereby request

(Name of Evaluator)

NOTE: I am aware of the rights afforded me by the Federal Educational Rights and Privacy Act of 1974, as amended, and hereby waive my rights to examine the contents of this letter, provided that it is used solely for the purposes for which it was requested. IF YOU DO NOT CHOOSE TO WAIVE YOUR RIGHTS, DO NOT SIGN THIS WAIVER.

(Applicant's Signature)

(Date)

To the Evaluator: Your letter must be enclosed in a sealed envelope with your signature on the flap and returned to the applicant in time to be submitted before the February 18, 2020 deadline. Failure to meet this deadline may make this student ineligible for a scholarship. If the student does not sign the waiver statement, this letter may not be confidential.

Please type your evaluation of the above named student identifying his/her contributions to the college, university, and/or community, referring to one (or more) of the following categories: academic achievement, leadership, character, service, social commitment. If you use your own letterhead, please staple it to this form. Please place your letter in a sealed envelope and sign across the flap.

(Signature and Title of Evaluator)

(Area) Telephone Number

(College or Institution)

c/o NYCCT Foundation • 16 Court Street, Suite 600 • Brooklyn, NY 11241 Tel: 718.260.5651 • Fax: 718.254.8524 • email: bzscholarship@citytech.cuny.edu

Page 6

LETTER OF EVALUATION Please Type Only

TO THE APPLICANT:

(Name of Applicant)

Ι,

(CUNYFirst ID #)

to complete a letter of evaluation for me on this form.

hereby request

(Name of Evaluator)

NOTE: I am aware of the rights afforded me by the Federal Educational Rights and Privacy Act of 1974, as amended, and hereby waive my rights to examine the contents of this letter, provided that it is used solely for the purposes for which it was requested. IF YOU DO NOT CHOOSE TO WAIVE YOUR RIGHTS, DO NOT SIGN THIS WAIVER.

(Applicant's Signature)

(Date)

To the Evaluator: Your letter must be enclosed in a sealed envelope with your signature on the flap and returned to the applicant in time to be submitted before the February 18, 2020 deadline. Failure to meet this deadline may make this student ineligible for a scholarship. If the student does not sign the waiver statement, this letter may not be confidential.

Please type your evaluation of the above named student identifying his/her contributions to the college, university, and/or community, referring to one (or more) of the following categories: academic achievement, leadership, character, service, social commitment. If you use your own letterhead, please staple it to this form. Please place your letter in a sealed envelope and sign across the flap.

(Signature and Title of Evaluator)

(Area) Telephone Number

(College or Institution)

c/o NYCCT Foundation • 16 Court Street., Suite 600 • Brooklyn, NY 11241 Tel: 718.260.5651 •Fax: 718.254.8524 • email: bzscholarship@citytech.cuny.edu

LETTER OF EVALUATION Please Type Only

Page 7

TO THE APPLICANT:

I,

(Name of Applicant)

(CUNYFirst ID #)

_to complete a letter of evaluation for me on this form.

hereby request

(Name of Evaluator)

NOTE: I am aware of the rights afforded me by the Federal Educational Rights and Privacy Act of 1974, as amended, and hereby waive my rights to examine the contents of this letter, provided that it is used solely for the purposes for which it was requested. IF YOU DO NOT CHOOSE TO WAIVE YOUR RIGHTS, DO NOT SIGN THIS WAIVER.

(Applicant's Signature)

(Date)

To the Evaluator: Your letter must be enclosed in a sealed envelope with your signature on the flap and returned to the applicant in time to be submitted before the February 18, 2020 deadline. Failure to meet this deadline may make this student ineligible for a scholarship. If the student does not sign the waiver statement, this letter may not be confidential.

Please type your evaluation of the above named student identifying his/her contributions to the college, university, and/or community, referring to one (or more) of the following categories: academic achievement, leadership, character, service, social commitment. If you use your own letterhead, please staple it to this form. Please place your letter in a sealed envelope and sign across the flap.

(Signature and Title of Evaluator)

(Area) Telephone Number

(College or Institution)

c/o NYCCT Foundation • 16 Court Street., Suite 600 • Brooklyn, NY 11241 Tel: 718.260.5651 •Fax: 718.254.8524 • email: bzscholarship@citytech.cuny.edu

Page 8

LETTER OF EVALUATION

Please Type Only

TO THE APPLICANT:

(Name of Applicant)

Ι,

hereby request

(CUNYFirst ID #)

_to complete a letter of evaluation for me on this form.

(Name of Evaluator)

NOTE: I am aware of the rights afforded me by the Federal Educational Rights and Privacy Act of 1974, as amended, and hereby waive my rights to examine the contents of this letter, provided that it is used solely for the purposes for which it was requested. IF YOU DO NOT CHOOSE TO WAIVE YOUR RIGHTS, DO NOT SIGN THIS WAIVER.

(Applicant's Signature)

(Date)

To the Evaluator: Your letter must be enclosed in a sealed envelope with your signature on the flap and returned to the applicant in time to be submitted before the February 18, 2020 deadline. Failure to meet this deadline may make this student ineligible for a scholarship. If the student does not sign the waiver statement, this letter may not be confidential.

Please type your evaluation of the above named student identifying his/her contributions to the college, university, and/or community, referring to one (or more) of the following categories: academic achievement, leadership, character, service, social commitment. If you use your own letterhead, please staple it to this form. Please place your letter in a sealed envelope and sign across the flap.

(Signature and Title of Evaluator)

(Area) Telephone Number

(College or Institution)

c/o NYCCT Foundation • 16 Court Street., Suite 600 • Brooklyn, NY 11241 Tel: 718.260.5651 •Fax: 718.254.8524 • email: bzscholarship@citytech.cuny.edu

Page 9

LETTER OF EVALUATION

Please Type Only

TO THE APPLICANT:

Ι,

(Name of Applicant)

(CUNYFirst ID #)

to complete a letter of evaluation for me on this form.

hereby request

(Name of Evaluator)

NOTE: I am aware of the rights afforded me by the Federal Educational Rights and Privacy Act of 1974, as amended, and hereby waive my rights to examine the contents of this letter, provided that it is used solely for the purposes for which it was requested. IF YOU DO NOT CHOOSE TO WAIVE YOUR RIGHTS, DO NOT SIGN THIS WAIVER.

(Applicant's Signature)

(Date)

To the Evaluator: Your letter must be enclosed in a sealed envelope with your signature on the flap and returned to the applicant in time to be submitted before the February 18, 2020 deadline. Failure to meet this deadline may make this student ineligible for a scholarship. If the student does not sign the waiver statement, this letter may not be confidential.

Please type your evaluation of the above named student identifying his/her contributions to the college, university, and/or community, referring to one (or more) of the following categories: academic achievement, leadership, character, service, social commitment. If you use your own letterhead, please staple it to this form. Please place your letter in a sealed envelope and sign across the flap.

(Signature and Title of Evaluator)

(Area) Telephone Number

(College or Institution)

c/o NYCCT Foundation • 16 Court Street., Suite 600 • Brooklyn, NY 11241 Tel: 718.260.5651 • Fax: 718.254.8524 • email: bzscholarship@citytech.cuny.edu

PAGE 1

IRWIN H. POLISHOOK DOCTORAL SCHOLARSHIP CUNY Graduate Center

	Cover Sheet <u>Please type only</u>		
Name of candidate	Cumulative GPA Credits		
CUNYFirst ID #			
Home address	Major		
	Expected Date of Degree		
Telephone: (Home)	Date of birth		
(Work)	E-mail address		
(Cell)			
FO	R INTER-OFFICE USE ONLY: CREDENTIALS CHECKLIST		
Application:	Statement:		
Transcript:	Letters of Reference: (1) (2)		
Bursar's Receipt:	(3) (4)		
	(5)		

2020-2021 Application Year