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

GENERAL INFORMATION - AY 2020-2021 Undergraduate Application

The Belle Zeller Scholarship Trust Fund was established in 1979 by the Professional Staff Congress/CUNY, the instructional staff union of The City University of New York. The scholarship honors the founding president of the PSC, Belle Zeller, Professor Emerita of Political Science at Brooklyn College, where she taught for over 40 years. This scholarship is intended to honor the unique qualities of Belle Zeller: the combination of social commitment and scholarship. The Fund is now an independent nonprofit organization.

- The Trustees will review all applications and select those candidates to be interviewed.
 Finalists will be interviewed by the Trustees of the Belle Zeller
 Scholarship Trust Fund.
- 2. The number of scholarships shall be determined solely by the Trustees in accordance with their absolute discretion.
- 3. Awards in the amount of \$ 2,500 each will be paid twice yearly provided all of the conditions continue to be met by the recipient.
- 4. All scholarships shall be renewable so that award winners may receive up to three annual awards, provided that they remain in active full-time registration, while maintaining their indexes, good character, and service.
- 5. Community College Belle Zeller Scholars will continue to receive awards if they transfer to four-year colleges within CUNY and continue to meet the criteria. They will be eligible to receive a total of three annual awards, which may be divided between the community colleges and the four-year colleges, so long as both are within CUNY. The Belle Zeller Fund will not pay for more than 120 credits from CUNY. If there is a break in attendance, other than summer recess, the Trustees shall determine the renewability of the award. A winner must use the award immediately. Awards cannot be deferred.
- 6. All applicants are entitled to equal consideration in terms of equal opportunity/affirmative action provisions in accordance with Internal Revenue Service stipulations.
- 7. Belle Zeller Scholars may be required to authorize the release of their college records to show proof of continuing full-time status.
- 8. Belle Zeller Scholars who do not abide by the terms of the stated conditions will forfeit their remaining benefits, including future renewal.
- 9. Note the Belle Zeller Scholarship is a merit scholarship and is not based on financial need.

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ELIGIBILITY

- 1. Applicants shall have registered for the semester, and be in active full-time attendance, carrying at least 12-credits. Applicants at LaGuardia Community College must meet the LaGuardia definition of full-time student. (**NOTE**: Graduating seniors in Senior Colleges, are <u>NOT</u> eligible; graduating seniors from Community Colleges <u>ARE</u> eligible if they are transferring to four-year CUNY colleges and will be full-time student.) In order to be considered for an award you must be in full-time attendance as an undergraduate student at a campus of The City University of New York in the) fall of 2019, (and the Spring of 2020) taking at least twelve (12) credits each semester.
- 2. Applicants shall be full-time CUNY undergraduate students, and shall have completed at least sixteen (16) credits at any branch of the City University of New York with a cumulative Grade Point Average (GPA) of 3.75 or better.
- 3. The award is based on outstanding academic achievement, noteworthy social commitment as measured by service to the university and other communities, and character. The applicant should keep these criteria in mind when preparing the application, and in the selection of evaluators.
- 4. Applicants should show evidence of good character, and significant service to CUNY, the community, and/or their respective colleges by letters, and/or other documents.

CHECKLIST

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

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

NOTE: These documents must be presented in a single packet and post marked no later than March 6, 2020. Incomplete packets cannot be considered.

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INSTRUCTIONS

Send your completed application to: THE BELLE ZELLER SCHOLARSHIP TRUST FUND

C/O NYCCT FOUNDATION 16 Court Street, Suite 600 Brooklyn, New York 11241

Applications must be postmarked no later than **March 6**, **2020**.

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

*Only typed applications will be considered. All others will not be evaluated.

If you have earned 35 or more credits within the past 5 years from another institution (including other units of CUNY), you must provide us with official transcripts from each of those institutions.

A Fall 2019 Bursar's receipt must accompany your completed application. 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 includes the grades for the Fall 2019 semester. Selected candidates must be available for an interview by the Board of Trustees.

Applicants selected for an interview will be notified of the Trustees' decision by mail by **June 30, 2020**. The decision of the Trustees will be final. Four letters of evaluation must be submitted by responsible persons in leadership/supervisory positions, who can attest to your scholarship, leadership, and social commitment as demonstrated by your contributions to your college, the University, and/or the community. You should select writers who are familiar with your qualities and who can comment in depth on your activities. Only four letters are required, but we suggest that you send five in case one is late or lost.

Two letters <u>must</u> be from your classroom instructors at the college you now attend, and <u>must</u> address your academic performance and contributions. Two letters <u>must</u> be from individuals in leadership or supervisory positions who have personal knowledge of your activities and can evaluate your leadership, service, and social commitment. The fifth letter, if you choose to submit it, may be from either of the above categories.

It is your responsibility to distribute copies of page 5 to your evaluators. These completed forms must be enclosed in sealed envelopes with the signature of the reference writer across the flap of each envelope. These letters must be included in your packet and should not be sent separately.

Applicants are advised to approach potential recommender's a minimum of six weeks in advance of the application due date.

*This may be completed as an <u>electronic</u> application. If you already have Adobe Reader on your computer, you can fill it out on- line and then use the Print button to print a completed application. Please remember, though, that you cannot save any changes you make to the form. If you are going to fill it out electronically, do it at one sitting to avoid creating extra work for yourself. If you do not have Adobe Reader on your computer, you can go to www.adobe.com and download a copy without charge. A Download Wizard will guide you through the installation. The application may also be typed, however hand-written applications will not be accepted.

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PAGE 2

APPLICATION FORM 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.

I.	PERSONAL DATA:					
	Last name	First	Middle			
	Address		Zip Code			
	Telephone Number	Email Address	CUNY First ID #			
AC AD	DEMIC INFORMATION:					
	High school	Address	Attendance Dates			
	College	Address	Attendance Dates			
W hat	t is your cumulative GPA	as of FALL 2019?				
Officia	al transcript(s) of your col	ege record(s) must be included in yo	 our application packet.			
II.	EXTRA-CURRICULAR	ACTIVITIES:				
	In this section, list only <u>unpaid</u> activities. Indicate if college credit was granted for these activities.					
	A. COLLEGE ACTIVIT	ES (If any):				
	Names of Activities:					
	Your Specific Role (Include Leadership Positions and Dates)					

CUNY	First ID#		PAGE 3		
NAME	OF APPLICANT		_COLLEGE		
		(Community, Religious, etc.).	. List only unpaid activities.		
	·	Dates of Activity, including lea	dership Posts:		
III.					
IV.	/. EMPLOYMENT RECORD : Include any <u>paid</u> activity in College as well as all outside employment. List the jobs you have held, starting with the most recent:				
leader by you instrud <u>must</u> know	your responsibility to obta rship/supervision, who car ur contributions to the colle ctors of the college you att be from individuals in le ledge can evaluate your	in letters of evaluation (page 4) attest to your scholarship, leading, university, and/or commutend, and should evaluate you eadership or supervisory posteadership, service, or social	4), from four individuals in positions of adership, and social commitment as demonstrate unity. Two letters must be from classroom ar academic performance. The other two letters sitions who through personal, first-hand al commitment. The fifth letter, if you choose to ese letters must be included in your packet.		
	LIST REFERENCE WRI	ITERS:			
	NAME (1)	TITLE	INSTITUTION		

(3) _____

(4) _____

(5)

(optional)

	PAGE 4
CUNY First ID #	
Name of Applicant	College
Personal Statement	
interests, life experiences, goals and social compage rather than use this form. If you use a se bottom of page 4. Your application cannot be of the maximum length - LONGER STATEMENT	OF 600 WORDS, write a personal statement discussing your mmitment. If you prefer, you may staple your statement to this parate page, be sure to sign and date the Affirmation on the considered if the Affirmation is not completed. Do not exceed S WILL NOT BE READ. I commitment discussed in your personal statement also is listed
in Section II of this application, and that is you your reference writers.	ur most significant evidence of social commitment, is evaluated by
Statement below; You	may attach an additional sheet if needed
application form are complete and accurate. I al materials requested by the trustees of the fund, further consideration for a scholarship. I understudy at CUNY will forfeit my scholarship. I furth	nowledge, all information and statements provided in this so agree to supply all academic records and other supporting and I understand that failure to do so will disqualify me from tand that failure to register for, and complete a full-time course of her understand that any false or misleading information or deration for a scholarship. Note: The statement must have an
OLONED.	
SIGNED:	DATE:

TO THE APPLICANT:		
<u> </u>	<u>f</u> rom	hereby request
(Name of Applicant)	(College)	
		a Letter of Evaluation for me on this form.
(Name of Evaluator, fill in <u>after</u> prir	nting)	
amended, and hereby waiv	e my rights to examine the	Educational Rights and Privacy Act of 1974, as e contents of this letter, provided that it is used YOU DO NOT CHOOSE TO WAIVE YOUR
(Applicant's Signature)		(Date)
the flap and returned to the app	licant in time to be subr make this student ineligib	sealed envelope with your signature on nitted before the March 6, 2020 deadline le for a scholarship. If the student does not sign
university and/or community, refer	ring to one or more categ	entifying his/her contributions to the college, ories: a. Scholarship, b. Leadership, c. wn letterhead, PLEASE STAPLE IT TO THIS
(Signature and Title of Evaluator)	(Area) T	elephone Number
(College or Institution)	(Name o	f Evaluator - please print)

TO THE APPLICANT:		
(Name of Applicant)	<u>f</u> rom	hereby request
(Name of Applicant)		
(Name of Evaluator, fill in aft		to complete a Letter of Evaluation for me on this form.
(Name of Evaluator, fill in <u>art</u>	<u>si</u> printing)	
amended, and hereb	y waive my rights to es for which it was re	he Federal Educational Rights and Privacy Act of 1974, as examine the contents of this letter, provided that it is used equested. IF YOU DO NOT CHOOSE TO WAIVE YOUR
(Applicant's Signatur	e)	(Date)
the flap and returned to the	e applicant in time may make this stud	closed in a sealed envelope with your signature on to be submitted before the March 6, 2020 deadline lent ineligible for a scholarship. If the student does not confidential.
university and/or community	, referring to one or	d student identifying his/her contributions to the college, more categories: a. Scholarship, b. Leadership, c. use your own letterhead, PLEASE STAPLE IT TO THIS
(Signature and Title of Eval	uator)	(Area) Telephone Number
(College or Institution))	(Name of Evaluator - please print)

TO THE APPLICANT:			
<u> </u>	from	hereby reques	st
(Name of Applicant)	(College)		
(Name of Evaluator, fill in <u>after</u> p		te a Letter of Evaluation for me	on this form.
	vaive my rights to examine for which it was requested.	al Educational Rights and Privace the contents of this letter, provio IF YOU DO NOT CHOOSE TO	ded that it is used
(Applicant's Signature)		(Date)	
TO THE EVALUATOR: Your le the flap and returned to the appendicular to meet this deadline mathe waiver statement, this letter	pplicant in time to be sub ay make this student ineligi	omitted before the March 6, 20	020 deadline
Please type your evaluation of tuniversity and/or community, recharacter, Service, e. Social conform.	ferring to one or more cate	gories: a. Scholarship, b. Leade	ership, c.
(Signature and Title of Evaluat	or) (Area) Telephone Number	
(College or Institution)	(Name	e of Evaluator - please print)	

I	from		hereby requ	ıest
(Name of Applicant)		(College)		
		to complete	a Letter of Evaluation for m	ne on this form.
Name of Evaluator, fill in <u>af</u>	<u>er</u> printing)			
	y waive my right es for which it wa	s to examine the s requested. If	Educational Rights and Prive contents of this letter, profess of the CHOOSE 1	vided that it is used
(Applicant's Signatu	re)		(Date)	
TO THE EVALUATOR: You the flap and returned to th Failure to meet this deadline the waiver statement, this le	e applicant in ti may make this s	me to be subr student ineligib	nitted before the March 6,	2020 deadline
Please type your evaluation university and/or community Character, Service, e. Socia <u>FORM</u> .	, referring to one	or more categ	ories: a. Scholarship, b. Lea	dership, c.
(Signature and Title of Eva	luator)	(Area)	Felephone Number	_
(College or Institution	2)	(Name	of Evaluator - please print)	_

I	from		hereby request	
(Name of Applicant)	<u></u> rom	(College)	nereby request	
		to complete	e a Letter of Evaluation for me on	this form.
(Name of Evaluator, fill in aft	er printing)			
amended, and hereb	y waive my rights es for which it was	to examine t requested. I	Educational Rights and Privacy A he contents of this letter, provided F YOU DO NOT CHOOSE TO W	I that it is used
(Applicant's Signature	e)		(Date)	
the flap and returned to the	e applicant in tim may make this stu	i e to be sub udent ineligit	a sealed envelope with your sig mitted before the March 6, 2020 ble for a scholarship. If the student	deadline
university and/or community,	referring to one o	r more categ	lentifying his/her contributions to t gories: a. Scholarship, b. Leadersl own letterhead, <u>PLEASE STAPLE</u>	nip, c.
(Signature and Title of Eval	uator)	(Area)	Telephone Number	
(College or Institution	1)	(Name	of Evaluator - please print)	

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		College	
Name of candidate		Cumulative GPA	
CUNY First ID #		Credits	
Home address		Major	
		Expected date of degree	
Telephone: (Home)		_ Date of birth	
(Work)	E-mail address	(Cell)	
	FOR OFFICE USE ON	LY : CREDENTIALS CHECKLIST	
Application	Statement		
Transcript:	Letters of Reference:	(1)(2)	
Bursar's Receipt:	(3)	(4) (5)	