

ITPE ANNUAL BENEFIT FUND (ABF)
Educational Benefit Program

APPLICATION/QUESTIONNAIRE

The following questions are designed to collect information about your background, interests, and academic and career plans. Your answers to these questions will be used only in connection with your application for this educational benefit competition and will be seen only by the Selection Committee and other qualified persons associated with the Program. **NOTE:** The completeness, neatness, and legibility of your replies will make the review of your credentials easier.

Type of Educational Benefit applied for 4-year College 2-year Associates Vocational/Technical Certificate

1. ITPE-ABF Employee/Participant Information

Name _____ Social Security No. _____

Installation _____

Employed _____

Location _____
City _____ State _____

Number of Years _____ / _____ of employment
Months

Educational Benefit Applicant Status (check one) Dependent child Spouse Participant

Signature of Employee/Participant _____ Date _____

2. You -- The Applicant

Legal Name _____

Last _____ First _____ MI _____

Permanent Home Address: _____

Number _____ Street _____

City _____ State _____ Zip Code _____

Date of Birth ____/____/____ Male Female

Social Security Number _____ Telephone Number (____) _____

3. Your Education

A. High School

Enter the name, address, and reporting code of your high school (NOTE: Do not complete if you have been out of high school for 5 years or more.)

School Name _____

City _____ State _____ Zip Code _____

Are you a high school senior Yes No Date of graduation _____

Have you been awarded the GED certificate Yes No

Past Vocational/Technical School Attended _____ Degree Yes No

Past College(s) Attended _____ Degree Yes No

B. Applicant Post-Secondary Plans

1. Vocational/Technical Experiences - Enter the name of a post secondary institution you have attended or plan to attend.

Name _____ of _____ Institution _____

Location _____

City _____ State _____ Zip Code _____

Program of Study _____ Anticipated completion date _____

2. College - Enter the name and address of the institution you currently attend or plan to attend.

Name of Institution _____

Location _____ City _____ State _____ Zip Code _____

Course of study/major field _____ Anticipated completion date _____

4. Your Family (Non-Participant)

a. Enter complete information about your parents. If you do live with both parents, enter the name of the parent or guardian you live with.

Father/Male Guardian

Mother/Female Guardian

Name: _____

Occupation/Title _____

Education Level _____

b. Brother(s): Number _____ Age(s) _____ Sister(s): Number _____ Age(s) _____

c. Are there aspects of your family life or personal circumstances you would like to share with the Committee?

5. Your School Courses, Activities, and Experiences

a. List courses or other programs you have taken that are related to your future academic or career interest, such as Advanced Placement courses, honors classes, data processing, or electronics apprenticeships.

Course or Program

Dates Attending

Dates

b. List school activities in which you may have participated, such as varsity and club sports, debating, VICA, 4H, science clubs, student government. Include any awards, such as membership in the National Honor Society, BetaClub.

<u>Activity</u>	<u>Dates of Participation</u>	<u>Offices Held</u>	<u>Special Award or Honors</u>

c. List community activities in which you have participated, such as hospital volunteer, cultural events, soup kitchens, outreach programs.

<u>Name of Agency or Organization</u>	<u>Dates of Participation</u>	<u>Hours per Week</u>

d. List jobs (including summer employment) you have held in the past three years.

<u>Job or Kind of Work</u>	<u>Employer</u>	<u>Dates of Employment</u>	<u>Hours per Week</u>

6. Has any of the courses, school/community activities, and work experience affected your future studies or career plans? If so, how?

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7. Have you participated in a school or community activity of which you are particularly proud, or for which you have received special recognition? Briefly describe this experience.

8. What are your future career plans?

9. Your Test Scores

High school students are required to submit test scores from either the SAT I or the ACT. Please indicate the test taken, date and score below or arrange to have the scores reported electronically by using the reporting code 0095. Instructions for reporting scores are printed in the SAT I or ACT Registration Bulletin available at your school when you register to take the test.

I took the SAT on _____ / _____ SAT I Scores Verbal _____ Math _____
Month Year

I took the ACT on _____ / _____ ACT Composite _____
Month Year

To the applicant: Please review your responses to each of the items on this Questionnaire for accuracy. If you are in high school, you should sign below and give this form to a school official to complete the information below. Letters of recommendation, supervisor endorsements, and other supporting material may be submitted with this form or mailed to the address printed below.

Applicant's Signature _____ Date _____ / _____ / _____

10. Certification by School Official - Please review the student's responses, provide the data requested below, and attach an official transcript of grades to this questionnaire.

Is this student a high school senior? Yes No

Rank in Class _____

Class Size _____

Grade Point Average _____

Name _____

Title _____

Signature

Please send the completed questionnaire, school transcript, and a high school profile (if available) to the address below. Applications should be filed by February 1, 2008.

**ITPE Annual Benefit Fund
Educational Benefit Program
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Syosset, NY 11791**