



## THE MATTHEW MOORE SCHOLARSHIP APPLICATION

### CRITERIA:

- ✚ APPLICANT must be a high school senior, undergraduate, or graduate student at the time the application is submitted.
- ✚ APPLICANT must be applying to or already enrolled at an accredited post-secondary institution (i.e., college, university) and must provide proof of enrollment before actual allocation of the awarded funds.
- ✚ The application must be post marked no later than May 15<sup>th</sup>.
- ✚ Must be interested in a **career in school psychology or school social work**
- ✚ Selected Recipient will be notified by no later than July 15<sup>th</sup> and will be expected to attend the Annual Hispanic Heritage Celebration and LILTA Scholarship Event.
- ✚ Incomplete applications or applications postmarked after May 15<sup>th</sup> **WILL NOT** be considered.

For more information on this scholarship criteria and application, please contact Mr. Campos at the Central Islip Senior High School in Central Islip at (631) 348-5000 ext. 2520 or via e-mail at [scholarship@lilta.org](mailto:scholarship@lilta.org)

Please return completed applications to the address listed below:

**Attention: Mr. Campos  
LILTA  
PO BOX 636  
Central Islip, NY, 11722**

### CHECKLIST:

Please ensure that all items on this checklist are included before mailing the application package:

- ✚ Extracurricular Form (See Attachment A)
- ✚ A list of applied or intended colleges or universities (See Attachment B)
- ✚ Official high school, undergraduate, or graduate transcript
- ✚ At least two (2) typed and signed letters of recommendations
- ✚ Two-page double spaced typed essay
- ✚ Completed application, signed, and dated



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## **SECTION A: STUDENT INFORMATION**

1. Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Last, First, Middle) (Area Code) & Number
2. Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. E-mail Address \_\_\_\_\_
4. Mailing Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_F \_\_\_\_M Ethnicity: \_\_\_\_\_
6. Current School/Institution: \_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_
7. What is your anticipated/current field of study/major? \_\_\_\_\_
8. Complete Extracurricular Activities Form: See Attachment A




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### **SECTION B: PARENT(S)/LEGAL GUARDIAN(S) INFORMATION**

1. Full Name(s): \_\_\_\_\_  
\_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Phone Number: \_\_\_\_\_

### **SECTION C: ADDITIONAL INFORMATION**

Attach the following to this application:

1. Provide a list of higher education institutions (i.e., colleges, universities) you are considering applying to or are currently enrolled. Proof of enrollment will be required upon registration: See attachment B.
2. An official copy of your high school or college transcript.
3. Two (2) Letters of Recommendation: Letters should be written by school administrators, community leaders/church officials, teachers, employers, etc. (NO FAMILY MEMBERS). Each letter must be typed, signed by the recommending person(s), and shall be verifiable through their contact information, which should be provided in the letter.
4. A typed two-page, double spaced essay answering the following question:  
 *Why are you pursuing a career in school social work/school psychology and how acquiring a degree in this field will be beneficial to your community?*

**ALL INFORMATION HEREIN IS CONFIDENTIAL & WILL NOT BE SHARED OUTSIDE OF  
THE LILTA SCHOLARSHIP COMMITTEE**

**\*\*\*\*PLEASE READ NOTE BEFORE SIGNING\*\*\*\***

**NOTE: By signing this application, you authorize the LILTA Organization to fully investigate and verify all information provided herein; and you indicate your awareness that any false statement may be sufficient cause to disqualify your application.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_



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### ATTACHMENT A: Extracurricular Activities Form

List School Activities: (If needed attached a separate list)

Name of Organization	Office/Position Held If Any	Advisor/Supervisor & Phone Number
1.		
2.		
3.		
4.		

List Community Activities: (If needed attached a separate list)

Name of Organization	Office/Position Held If Any	Advisor/Supervisor & Phone Number
1.		
2.		
3.		
4.		

### ATTACHMENT B: Higher Education Institutions Form

List of higher education institutions you are considering applying or currently attend: (If needed attached a separate list)

Name of School/College/University	Address
1.	
2.	
3.	
4.	