

SKILLED TRADES SCHOLARSHIP APPLICATION



**Thruway
Authority**

200 Southern Boulevard Email Address: scholarship@thruway.ny.gov
P.O. Box 189 Phone No.: (518) 471-4321
Albany, NY 12201-0189 NY Relay Service: 711

PURPOSE: This form is for students in vocational/technical programs or students accepted for enrollment in trade school or college-level trade programs to apply for scholarship money. Students must be 18 years old at the time of appointment.

INSTRUCTIONS: Send completed Application, along with New York State Thruway Authority EMPLOYMENT APPLICATION (TA-W3199) and two letters of recommendation (one personal and one professional), to email address or mailing address above.

PLEASE PRINT OR TYPE

Section I Applicant Information

Name (Last, First, MI)		Home Phone No. () -		Daytime Phone No. () -	
Street Address		City		State	Zip Code -

Email Address

Explain your education goals. (Attach additional sheets if necessary.)

Explain why you are interested in pursuing a trade. (Attach additional sheets if necessary.)

Section II Education Information Relevant To The Trade You Are Pursuing

Name and location of High School (or equivalency)	Anticipated Graduation Date (mm/yyyy)
---	--

List all relevant trade courses completed to date

Name and location of the College/Professional/Trade School or Program you plan to attend

SKILLED TRADES SCHOLARSHIP APPLICATION

Section III Employment History

List the positions you have held and/or other experience relevant to the trade you are pursuing. (Attach additional sheets if necessary.)

1. Name, Address & Phone No. of Employer			2. Name, Address & Phone No. of Employer		
From (Mo./Yr.)	To (Mo./Yr.)	Supervisor	From (Mo./Yr.)	To (Mo./Yr.)	Supervisor
Reason for Leaving			Reason for Leaving		
Title		Hours Per Week	Title		Hours Per Week
Description of Duties			Description of Duties		

Section IV Volunteer Experience

Describe any relevant volunteer experience. (Attach additional sheets if necessary.)

Section V Affirmation/Reference Release Authorization

Name (Last, First, MI)

I affirm that all statements made by me on this Application, including attached papers, are true, complete and correct to the best of my knowledge. I understand all statements made by me in connection with this Application are subject to investigation and verification and that falsification or omission of information is cause for the revocation of offer of employment or dismissal from employment. I understand that knowingly making a false statement on this Application or any attachment or supporting document is punishable as a misdemeanor pursuant to **Section 210.45** of the **NYS Penal Law**.

I hereby authorize any former or current employer, military records center, or school to provide the Authority any and all information necessary to reach an employment decision including, but not limited to, information regarding my education, job duties, attendance, behavior, work habits, work performance, skills, abilities, claims, liabilities, damage, and relationships with coworkers, customers or supervisors, thereby releasing and discharging said institutions from any claims, liabilities or damages.

Applicant Signature

Date

Personal Privacy Protection Law Notification

The information you are providing on this Application is being requested for the principal purpose of determining eligibility for the New York State Thruway Authority Skilled Trades Scholarship Program. Failure to provide the requested information may, in the sole discretion of the Thruway Authority, affect your eligibility for this scholarship. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e) and (f). This information will be maintained by the Director of the Equal Employment Opportunity and Diversity Development Office in Administrative Headquarters, 200 Southern Boulevard, Albany, NY 12209, (518) 471-4321.