



# West Hempstead Community Scholarship Fund, Inc.

P.O. Box 2132 West Hempstead, N.Y. 11552

December 15, 2023

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Santos Welti

Dear Parents,

Attached is the 2024 West Hempstead Community Scholarship (WHCSF) Application.

We are proud of our involvement with the students who live in West Hempstead, and along with you, hope to ensure a bright future for your child. College can open the door to so much growth and potential but costs at times, can be prohibitive. Our goal is to make a difference by awarding several scholarships in the amount of **\$2,500 per student**.

If you or your child have any questions with regard to our organization or scholarships, you can contact me at 516-483-7627 or by emailing to [whcommunityscholarshipfund@gmail.com](mailto:whcommunityscholarshipfund@gmail.com)

Sincerely,

Eileen Fennell, Chair  
Maria Bhola, Co-Chair  
*WHCSF Selection Committee*



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## 2024 SCHOLARSHIP APPLICATION

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The West Hempstead Community Scholarship Fund (WHCSF) is made up of public spirited residents who seek to promote the education of students residing in West Hempstead. Their participation is on a voluntary basis and funds are raised through the cooperation and generosity of your friends, neighbors, businesses, and service groups in the school community.

Scholarships are available to ALL graduating students residing within the confines of the West Hempstead Union Free School District, but not necessarily graduating from the West Hempstead Secondary School. However all applicants must be planning to continue their education beyond high school. This year, each individual award will be two thousand five hundred dollars (\$2,500).

- The Scholarship Fund will award three or more scholarships. The scholarships are based on an evaluation of character, potential, community service, and financial need.
- Documentation of financial need is required (see submission of 1040 tax return in application instructions).
- A student may apply and be eligible for a scholarship without citing financial need, but the Fund will give primary consideration to the financial need applicant.

Applications are reviewed by a Selection Committee. The information requested is the basis for the Committee's selection and is necessary to assist in making a fair and equitable decision. All information submitted will be kept in confidence and will be destroyed within one year. All semi-finalists will be interviewed by the selection committee.

(over)

# INSTRUCTIONS

1. Complete your application carefully and in a legible manner. Failure to do so may weigh against your candidacy.
2. You must request an official sealed stamped transcript from your school and be responsible for it to be mailed. In addition, two letters of recommendation are required from teachers, guidance counselors, or community leaders. These documents should be mailed along with the application to the Scholarship Fund, to be received no later than **March 1, 2024**.
3. If your financial need is to be considered, please attach the following document to the application.
  - A signed copy of your family's 1040 Federal Income Tax Return for 2023 (or 2022 if the 2023 has not yet been prepared).
4. Your application and the supporting documentation must be mailed and postmarked no later than **March 1, 2024** to the address at the top of the first page.

Should you have any questions or need help with this application, please contact the Chairperson of the Selection Committee, Eileen Fennell at 516-483-7627

All winners are required to attend the Awards Dinner, as our guests, on **Wednesday, May 22, 2024** at 6:00 p.m. The dinner will be held at Olivetto Pizzeria & Ristorante at 190 New Hyde Park Road, Franklin Square, NY 11010.

You and your parent or guardian are responsible for the information contained in your application and your signatures below are required:

*We certify that all information contained in this application is true and accurate, to the best of our knowledge.*

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



# West Hempstead Community Scholarship Fund, Inc.

## APPLICATION FOR SCHOLARSHIP AWARD

### Applicant Information Form

Name of Applicant \_\_\_\_\_  
(Last) (First) (Middle)

Current School \_\_\_\_\_ Graduation Date \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (Town) (Zip Code)

Home Phone #: \_\_\_\_\_ Home: Own \_\_\_ Rent \_\_\_ Other \_\_\_

Cell Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Father: \_\_\_\_\_ Living... Yes \_\_\_ No \_\_\_

Father's Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Mother: \_\_\_\_\_ Living... Yes \_\_\_ No \_\_\_

Mother's Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Do you have any brothers/sisters? Yes \_\_\_ No \_\_\_

If yes, how many and their ages: \_\_\_\_\_

If you have been employed during the last four years, fill out the following information:

<u>Where Employed</u>	<u>Dates</u>	<u>Type of Work</u>	<u>Total Amt. Earned</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you applying for a scholarship based solely on merit? Yes \_\_\_ No \_\_\_

Please answer the following four (4) required questions on a separate sheet of paper:

1. List all school activities in which you have participated by grade, 9-12. If none, why? Indicate any honors or awards connected with these activities.
2. Describe any community activities in which you have participated. If none, why?
3. To what schools have you applied and why? (Indicate if you have been accepted).
4. If you are applying based on financial need, please explain your need for a scholarship. Be as specific as possible.

**REQUIRED ESSAY:** Describe a specific experience that has influenced your life (in approximately 500 words). *Parents may also attach a statement, if so desired.*

Required Questions for Financial Need Based Applicants **ONLY**:

- If you are applying for a Scholarship based on Need, please remember to attach a copy of the **Federal Income Tax Form 1040** for **each** parent. Please block out all Social Security Numbers on all pages of the copy of the tax return.
- Income not appearing on your tax return (such as Veteran pensions, social service benefits, disability, tax exempt interest, etc.) must also be provided. \$ \_\_\_\_\_
- Will you be contributing money towards college expenses? Yes \_\_\_ No \_\_\_ How Much? \_\_\_\_\_
- Have you received any scholarships, grants, or loans to date? Indicate below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Are your parents employed by a university entitling you to reduced tuition? Yes \_\_\_ No \_\_\_

Thank you for your application. If you have any questions, please email

[whcommunityscholarshipfund@gmail.com](mailto:whcommunityscholarshipfund@gmail.com)

Please have all documents submitted no later than **March 1, 2024.**

### **APPLICATION COMPLETION CHECKLIST**

*Did you remember to:*

- Sign your name on the appropriate line on page 3.
- Include an official copy of your transcript
- Complete the Applicant Information Form on page 4.
- Include a listing of all of your extracurricular activities.
- Write and include your personal essay.
- Obtain and include TWO Letters of Recommendation from teachers, guidance counselors, or community leaders.
- If you are applying based upon need, did you provide the necessary financial documentation.



