



**FRANK KAZMIERCZAK MEMORIAL
MIGRANT SCHOLARSHIP
An Award for a Future Teacher**

Purpose: To serve as a living tribute to Frank Kazmierczak, a long time migrant educator, by offering an annual award in the amount of \$1,000 for post-secondary scholarship assistance to a migrant farmworker student who wishes **to pursue a career in teaching.**

Eligibility: Candidates will be screened by a selection committee on the basis of the following criteria:

- Recent history of migration for agricultural employment
- Teaching as a career goal
- Scholastic achievement
- Financial need

Application Process: A completed application form must be submitted **annually by February 1st**, accompanied by at least **two (2) letters of recommendation** and an **official school transcript**. At least one of the recommendation letters must be from a school or community/educational agency representative with personal knowledge of the applicant's character and commitment to pursuing a career in teaching. In addition, the applicant must include a **personal essay** of 300-500 words telling about his/her reason for wanting to become a teacher. **** Incomplete applications will not be considered!** Each applicant must also submit his/her current or most recent Migrant Education Certificate of Eligibility (COE). Please make sure that all of the above information is included at time of submission.

Presentation of Award: The Frank Kazmierczak Memorial Migrant Scholarship will be awarded annually at the National Migrant Education Conference. The financial award will be provided to the winner upon submission of proof of acceptance or enrollment at an accredited public or private college.

Submit application along with all supporting documents to:

**Kazmierczak Scholarship Committee
BOCES Geneseo Migrant Center
27 Lackawanna Avenue
Mt. Morris, NY 14510
(800) 245-5681**

DEADLINE: Annually by February 1st

Additional application forms and further information can
be obtained at the BOCES Geneseo Migrant Center
web site: www.migrant.net



KAZMIERCZAK SCHOLARSHIP APPLICATION FORM

THIS FORM AND THE COMPLETE APPLICATION MAY BE PHOTOCOPIED. This form must be submitted annually by February 1st with the accompanying information specified in the application process. Failure to submit these documents or to complete all portions of this form will result in disqualification.

APPLICANT

Last Name First Name Middle Initial ()
Home Phone

Current address City State Zip

Home address (if different from current residence)

Name of parent(s) or legal guardian

Parent/guardian occupation(s)

MIGRANT STATUS

Date (month and year) of most recent move for agricultural employment by applicant or applicant's family _____

Last type of agricultural work done _____

Names of towns and states in which family or applicant has worked in agriculture during the past three years

EDUCATIONAL INFORMATION

If currently in high school, please fill in the following:

Name of school () Phone Anticipated Date of Graduation

Address City State Zip

Name and address of college or university offering a degree in Education where presently enrolled or planning to attend:

Name of school () Phone Anticipated Date of Graduation

Address City State Zip

FINANCIAL ASSISTANCE - PLEASE ITEMIZE AS SPECIFICALLY AS POSSIBLE

List all financial assistance approved and/or anticipated for the academic year including assistance from parents, loans, scholarships, work-study, TAP, etc.

Type	Amount

Anticipated expenses for one academic year.

Tuition
Books
Housing
Meals
Transportation
Other

REFERENCE LETTERS Letters from two adults **must be included with your application.** Reference letters may not be written by the applicant, anyone under 21 years of age, or anyone related to him/her or serving as legal guardian. At least one phone number must be included for each person. Please have this representative write a letter addressing the student's educational commitment, grades, etc., and supporting the need for financial assistance.

A. _____ (_____) _____
 Last Name First Name Prefix (Mr/Ms/Mrs/Dr) Daytime Phone
 _____ (_____) _____
 Association with applicant (examples - teacher, counselor, minister, employer) Evening Phone

B. _____ (_____) _____
 Last Name First Name Prefix (Mr/Ms/Mrs/Dr) Daytime Phone
 _____ (_____) _____
 Association with applicant (examples - teacher, counselor, minister, employer) Evening Phone

APPLICANT AGREES to the use of his/her name, likeness, personal essay and information contained in this application for educational, advertising and promotional purposes for the Frank Kazmierczak Memorial Migrant Scholarship and migrant education programs without further compensation or notification.

The information on this form and contained in the application package is true and correct to the best of my knowledge as evidenced by these signatures.

 Applicant's Signature Date

 Parent's/Guardian's Signature Date

 Parent's/Guardian's Name (printed)

APPLICATION CHECK LIST

- Personal Essay Two Reference Letters Official Transcript This Form Completed and Signed Migrant Education COE