

ALAN J. BERMAN SCHOLARSHIP AWARD

Sponsored by the Faculty Council

The LaGuardia Faculty Council invites LaGuardia students to apply for the annual **Alan J. Berman Scholarship Award** of \$400.

ELIGIBILITY: ALL STUDENTS WITH 20 OR MORE CREDITS EARNED
AT LAGUARDIA (CREDITS NOT IN PROGRESS)

ELIGIBILITY: STUDENTS MUST CONTINUE AT
LAGUARDIA FOR ANOTHER SEMESTER AND
PREVIOUS RECIPIENTS ARE NOT ELIGIBLE

APPLICATION PROCESS: Complete the application form on the **Reverse Side** of this announcement.

Submit a typewritten personal statement. See **Personal Statement** on the application for more information.

Submit a copy of your most recent **Official Transcript** from the Registrar's Office.*

Submit two letters of recommendation from faculty members.

APPLICATION

August 3rd 2022

DEADLINE:

Submit all of the information requested above
to: Professor Jose Fabara, ELA Dept., Room B-234I.

THE APPLICATION FORM IS ON THE REVERSE SIDE OF THIS ANNOUNCEMENT

Applications/Announcements are also available from:

Information Desk	Main Lobby
Student Government Office	M-160
Library- (Reference Desk)	E-101
Employment and Career Services Center	B-114

For more information contact:

Rochell Isaac	risaac@lagcc.cuny.edu	M-109L
Faith Armstrong	farmstrong@lagcc.cuny.edu	C-252M
Jose Fabara	fabarajo@lagcc.cuny.edu (929) 462-4120	B-234I
Clementine Lewis	clement@lagcc.cuny.edu	E-101G
Nana Osei Bonsu	nbonsu@lagcc.cuny.edu	E-235D

Please Note: Your application and personal essay will be evaluated on the basis of **your contributions, services and volunteer activities at the College or within your community, your personal growth, and your grade point average.** The names of the recipients will be

ALAN J. BERMAN SCHOLARSHIP AWARD

Application

PLEASE PRINT CLEARLY

NAME _____ DATE _____

MAJOR _____ EMPLID# _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE# _____

E-MAIL ADDRESS: _____

CREDITS EARNED (minimum of 20 at LaGuardia): _____

SESSION AND YEAR THAT YOU EXPECT TO GRADUATE: _____

NAME OF FACULTY MEMBERS WHO ARE WRITING LETTERS OF RECOMMENDATION FOR YOU:

Faculty Member's Name

Department

Faculty Member's Name

Department

PERSONAL STATEMENT:

Briefly describe your personal growth and development. Please limit your statement to one or two pages and include the following:

- a) Discuss your contributions **or volunteer activities** at the College. They could be, for example, leadership roles and/or extracurricular activities. **Do not list paid activities.**
- b) Describe other **voluntary activities** or **services** performed within your **community**, while you were a student at LaGuardia.
- c) Explain how your academic experiences at LaGuardia helped you to grow **as a member of your community**. Possible topics might include a favorite course, a Co-op internship, or a research project.

CHECKLIST

____ Completed Application Form

____ Personal Statement (include a, b and c)

____ Copy of Most Recent Transcript from **Registrar's Office (No Charge**

(Student can email at transcriptinquiry@lagcc.cuny.edu to get the instructions on how to order the transcript online)

____ Two Letters of Recommendation from LaGuardia Faculty Members

____ **Documentation in Support of Your Contributions and Volunteer Activities**

[For example, letters, flyers, emails, thank you notes, etc.]