



*Is your child  
planning to attend  
college next fall?*

**Syracuse Teachers Association Scholarship**

A \$4,000 award (\$500 per semester)

The runner-up will receive:

**The Richard A. Kassman Scholarship**

A one-time \$500 award

Eligibility is limited to the children of Syracuse Teachers Association members.

**Futures in Education Scholarship**

Seniors who attend a school in the Syracuse City School District who are planning on a career in teaching. One scholarship of \$500 per high school will be awarded.

**Bill Scott Memorial Scholarship (Separate Application)**

The scholarship is limited to a senior who is graduating from a SCSD high school, and plans to pursue a degree in the Human Services including Social Work, Psychology, or the Counseling field, from a 4-year accredited higher educational institution of learning. The winner of the scholarship receives \$1,000 per semester, four-year award (\$8,000 total). A GPA of 3.0 must be maintained for the winner to continue to receive the award, along with continuing to major in one of the above listed fields.

Applications may be obtained from STA Chief Reps, School Guidance Counselors, the STA Office, or the STA website at [www.syracuseteachers.org](http://www.syracuseteachers.org).

Send application and high school transcript to: Syracuse  
Teachers Association

Att: STA Scholarship Committee

450 West Kirkpatrick Street 2nd Floor  
Syracuse, NY 13204

***Deadline for all scholarship applications: Friday, May 22, 2026***



**SYRACUSE TEACHERS ASSOCIATION, INC.  
2026 SCHOLARSHIP APPLICATION FOR:**

- **SYRACUSE TEACHERS ASSOCIATION SCHOLARSHIP**
- **RICHARD A. KASSMAN SCHOLARSHIP**
- **FUTURES IN EDUCATION**

**PLEASE SUBMIT COMPLETED APPLICATION,  
RECOMMENDATIONS,  
AND TRANSCRIPT TO:**

**SYRACUSE TEACHERS ASSOC. ATT:  
SCHOLARSHIP COMMITTEE 450 W.  
KIRKPATRICK ST.  
2ND FLOOR SYRACUSE,  
NY 13204**

*Deadline for all scholarship applications: Friday, May 22, 2026*

## **STA SCHOLARSHIP OVERVIEW**

The **Syracuse Teachers Association Scholarship** is \$500.00 per semester, four-year award (\$4,000.00 total), given to a senior in high school who plans to enter a profession requiring higher education at an accredited institute of learning. A GPA of 3.0 must be maintained in order to continue receiving the award.

The **Richard A. Kassman Scholarship** award is given to the runner-up to the STA Scholarship. This is a one-time payment of \$500.00 and the winner will serve as an alternate for the STA Scholarship.

### **Student must submit the following:**

- Completed Scholarship Application
  - Official school transcript
- Written recommendations - from two adults, one of whom must be a faculty member
  - Essay (see last page for details)

### **Eligibility -**

- Limited to the children of Syracuse Teachers Association members.
- Only applications that are COMPLETE and ON TIME are considered.

### **Selection Criteria**

- Scholarship Committee members consider the potential, the recommendations, the activities, and the need of the applicants, as reflected in the application, transcripts, recommendations, and essay submitted.

### **Notification**

- All applicants will be notified by mail.
- Awards will be presented to the scholarship winners at the STA Rep Assembly on June 20th

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

High School: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

College You Plan to Attend: \_\_\_\_\_

Circle One: **2-Year**      **4-Year**      Have you applied? **Yes** **No**

Have you been accepted? **Yes**      **No**

Area in which you plan to major or specialize: \_\_\_\_\_

Why do you wish to enter this particular field of study or interest?

Have you applied for any other scholarship(s)?      **Yes**      **No**

If so, what: \_\_\_\_\_

What scholarships, if any, have you received?

GUARDIAN'S Name: \_\_\_\_\_  
and Occupation: \_\_\_\_\_

2nd Guardian: (If Applicable) \_\_\_\_\_

And Occupation \_\_\_\_\_

Which Guardian(s) is an STA member? 1st \_\_\_\_\_ 2nd \_\_\_\_\_

Name and ages of dependents supported by the family income (circle names of those in college now):

Total 2026 NET annual family income after taxes: \_\_\_\_\_

(i.e. Social Security as well as other taxable and non-taxable income)

Will income for 2026 be approximately the same? **Yes** **No**

(If not, explain): \_\_\_\_\_

Explain any extenuating financial circumstances:

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How would this scholarship assist you in college?

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**Activities:**

High School activities including (leadership roles, awards/honors):

Community/Faith/Volunteer Service: \_\_\_\_\_

Do you work after school? If yes, where? \_\_\_\_\_

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**Recommendations:**

Names of two adults, one of whom must be a faculty member, who are submitting recommendations.

Neither adult can be a relative.

Name \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_

## **Autobiography** -

This autobiography must be a typed account of your own life experiences and is a way for you to introduce yourself to the Scholarship Committee.

We are looking forward to reading about your plans for the future.

Your autobiography must contain a minimum of 150 words and no more than 500 words focusing on but not limited to the following topics:

### **Early Years:**

Your full name When/Where born Other family members Favorite toy, blanket, game, or activity as a child

### **Elementary, Middle and High School Years:**

Which school(s) attended Teachers, friends you remember Any special experiences in school Your happiest moment Your scariest experience Your saddest moment Your most unique moment

### **The Future:**

What do you see yourself doing 10 years from now? Personal goals  
Educational goals (post high school)

What kinds of plans do you have to achieve these goals?



## **Bill Scott Memorial Scholarship Application and Overview**

The scholarship is limited to a senior who is graduating from a SCSD high school, and plans to pursue a degree in the Human Services including Social Work, Psychology, or the Counseling field, from a 4-year accredited higher educational institution of learning. The winner of the scholarship receives \$1,000 per semester, four-year award (\$8,000 total). A GPA of 3.0 must be maintained for the winner to continue to receive the award, along with continuing to major in one of the above listed fields.

To be considered all submissions must be received, post-dated by, or dropped off at the office **no later than Friday, May 22, 2026** to:

**Syracuse Teachers Association c/o Richard Rogers 450 West  
Kirkpatrick St Syracuse, NY 13204**

### **Student must submit the following:**

- \* Completed Scholarship Application
  - \* Official School Transcript
  - \* Essay (See last page for details)
- \* Written letters of recommendation from two adults, one of whom must be a faculty member

### **Eligibility**

- \* Limited to a senior residing in and attending a SCSD High School
- \* Only applications that are COMPLETE and ON TIME will be considered

### **Scholarship Conditions:**

The Bill Scott Memorial Scholarship may be used to supplement financial aid offered by the college or university a student plans to attend. Students may use the scholarship to cover the costs of tuition, fees, books, room and board, computers, health insurance, study abroad and other college-related expenses. The Bill Scott Memorial Scholarship may not be used to displace aid awarded by a college or university and cannot cover any portion of the parental contribution.



### **Letters of Recommendation:**

We ask for two letters of recommendation. At least one of these should be written by your high school counselor, teacher, or principal. The second letter may be submitted by someone who knows you well and can attest to your character, leadership ability, commitment to community service, and/or academic achievement. This may include an employer, mentor, or coach. It cannot be your mother, father, guardian, or a family member.

**Counselors can forward recommendations to: STA c/o  
Richard Rogers  
450 West Kirkpatrick St. 2nd Floor, Syracuse, NY 13204**

### **Questions:**

1. Please list in order of their importance your various activities both in-school and outside of school (indicate the dates you participated in each activity), positions you may have held and the number of hours per week you spent on each activity. We realize that the way you spend your time outside the classroom may be affected by factors beyond your control, such as the need to work or care for someone at home.
2. List any significant awards or honors you have received during high school for academic or extracurricular achievements.

**Essay:** The essay should be a minimum of 200 words and no longer than 500 words.

- (A) Submit one essay that explains your desire to pursue a social work, psychology, or counseling degree, and how you intend to have an impact within your community with this degree.
- (B) Choose the one activity you listed as most important in Question #1 and tell us why it was significant to you.



## 2026 Bill Scott Memorial Application:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ DOB \_\_\_\_\_

High School \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_

College, you plan to attend \_\_\_\_\_ Have you applied \_\_\_\_\_ Been accepted \_\_\_\_\_

Area in which you plan to major or specialize \_\_\_\_\_

Have you applied for any other scholarships? \_\_\_\_\_ If so, what? \_\_\_\_\_

What scholarships, if any, have you received? \_\_\_\_\_

Explain any extenuating financial circumstances: \_\_\_\_\_

### Recommendations:

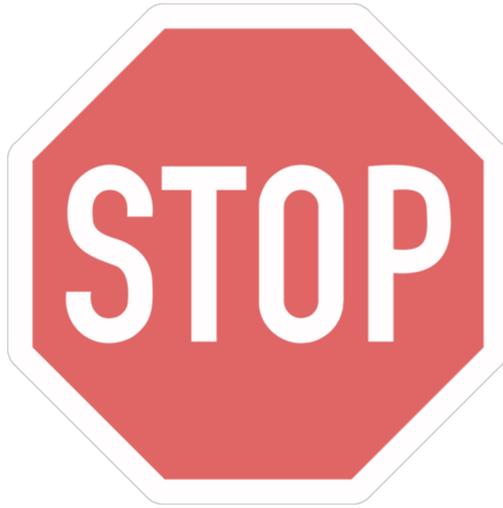
Names of two adults, one of whom must be a faculty member, who are submitting recommendations. Neither adult can be a relative.

Name: \_\_\_\_\_

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

Name: \_\_\_\_\_

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



**Make sure to include everything!**  
**STA Scholarship applications must include the following to be eligible for review:**

- A fully completed STA Scholarship application An essay
- (see directions in application)
- An official school transcript of the student's records
- Two written recommendations (see directions in application).

Only applications that are COMPLETE and ON TIME will be considered by the STA Scholarship Committee.

Incomplete applications will be immediately disqualified.

If your school is sending the transcripts and recommendations separately, it is recommended that you call the STA office before the deadline to check if they have been received (315-472-6374).