

2023 Education Care Package Scholarship Application

Thank you for your interest in the Education Care Package Scholarship program. Scholarship winners will receive a care package with school supplies, bedding and/or toiletries. The items you will receive are dependent on our supplies. The education care package will provide you with most of the items you know and do not know you need. PLEASE NOTE, this opportunity is only open to students who currently live in the Capital Region of NY or plan to move to the Capital Region of New York to study.

If you've been accepted into a college, trade school, entrepreneurial fellowship or gap year program, please upload a pdf or screenshot of your acceptance letter. If you have not decided on a school upload at least one acceptance letter in the attachments section.

If you will create your own gap year or entrepreneurial plan for the year ahead, attach a word document or pdf of your plan or add a Google doc link in the link section below.

This form does not allow you to complete sections, save and return to complete later. We recommend looking through it, copy-paste the essay questions into a different document and once you complete the essay questions, come back to the application and fill it out.

All students who receive a care package win entry into a future two day, 8-hour (4-hours per day) career development and education series led by local influential subject matter experts who not only provide you with tip on how to manage the transition into higher education but also how to manage life as a young adult and rising young professional. This series will assist you with developing a competitive edge against your peers and strengthening your transition into a new phase of your life. The care packages are provided once you complete the 2-day series.

If you have questions, do not hesitate to contact Shayna by call, text or email at (518)-952-1352 or scholarshipspec1@matransitionservices.org

Full Name (First and Last Name) *

First + Last Name

Pronouns
Please share your pronouns.
Date of Birth *
MM/DD/YYYY
F
Email Address *
Please provide your personal email.
Other 🗸
Add another
Cell Phone *
Please provide your phone number.
r lease provide your priorie flumber.
Other •
Add another
Parent/Guardian Full Name
Parent / Guardian Phone *
Please provide your parent / guardian's phone number.
Flease provide your parent / guardian's priorie flumber.
Other •
Add another
Parent / Guardian Email *
Please provide your parent / guardian's email address.
i icase provide your parent, guardian's emanauness.
Other 🗸

Add another
Home Address *
Please provide your home address.
High School *
Please provide the name of the high school you are currently attending.
Trease provide the name of the nightseneon you are earrently attending.
High School Address *
Facebook Handle *
Please share your Facebook username. If you are not on Facebook, please fill in the
section with N/A. We ask for your handle so we are able tag you on social media if you win.
Instagram Handle *
Please share your Instagram username. If you are not on Instagram, please fill in the section with N/A . We ask for your handle so we are able tag you on social media if you win.
LinkedIn Handle *
Please share your LinkedIn handle username. If you are not on LinkedIn, please fill in the section with N/A. We ask for your handle so we are able tag you on social media if you win.
Gender
Please share the gender you identify as.

Ethnicity *		
Please select all that are applicable to you.		
☐ American Indian		
☐ Asain		
☐ Black / African American		
☐ Hispanic / Latino		
☐ Native Hawaiian /		
☐ White		
☐ Pacific Islander		
☐ Alaska Native		
If your ethnicity is not listed above, please state here.		
Income Level		
Please provide your family income level. Family income will NOT affect your chances of receiving the scholarship.		
○ \$0 - \$15,000		
O \$15,001 - \$30,000		
○ \$30,001 - \$45,000		
O \$45,001 - \$60,000		
○ \$60,001 - \$75,000		
O \$75,001 - \$90,000		
O over \$100,000		
Post High School Option *		
Which post high school option will you participate in from 2023-2024,		
○ College / University		
○ Trade / Vocational School		
Gap Year Program / Gap Year		
C 1001 1 10010111/ Cup 1001		
Military		

Other Entrepreneurial Journey
If you selected entrepreneurial journey, please state the type of business you have or will establish.
Gap Year
If you selected gap year, please state the name of the program or if you will not participate in a program, please state what you will be doing during your gap year.
If you chose other above, please share with us what you are looking to do post high school?

What is the name of the college, vocational/trade school, gap year program you plan on attending? *

If this question does not apply to you, please fill it in as N/A. (This question may not be applicable to someone who is on an entrepreneurial journey or taking an individualized / personal gap year.)

Where will you be living post high school? *
Please let us know what living arrangement plans you have for post-high school. (This will help us determine the type of package you are eligible for.)
○ I will be moving into a dorm on campus
○ I will remain with in my family home
 I will move into a student apartment suite associated with my program/school/military
O I will reside within my own apartment independent from my family home
If you will live away from home, what size bed will you have?*
○ Twin
○ Twin XL
○ Full
○ Queen
○ Not sure
○ Not Applicable
Your Goals *
Question 1- Complete this short essay using no more than 300 words. Scholarship winners will be chosen based on the quality of their essays. What are 3 goals you have for yourself post high school in relation to your academics and / or professional / personal development and how do you plan on achieving them?

Self Reflection*

Question 2- Complete this short essay using no more than 300 words. Scholarship winners will be chosen based on the quality of their essays. If you had to describe yourself in one word, what would it be and why?

2/12/23, 11:10 PM

Truth Affirm *

true and complete. Any unfactual information may result in the revocation of your eligibility to receive the Education Care Package.		
Attachments		
Choose File Add another	No file chosen	
Add another		
Submit		

Please type your full name here to affirm all facts provided in this application are

(https://podio.com/?utm_source=webform&utm_medium=webform&utm_content=showpowered&utm_campaign=webform)

Powered by Podio (https://podio.com/?utm_source=webform&utm_medium=webform&utm_content=showpowered&utm_campaign=webform) | Report

Abuse (mailto:citrix-soc@citrix.com) | Terms of Service (https://www.citrix.com/content/dam/citrix/en_us/documents/buy/enterprise-saas-eusa.pdf)