



BEN SPITALE MEMORIAL LABOR SCHOLARSHIP APPLICATION

BE

Deadline – March 15. NO LATE APPLICATIONS ACCEPTED

Background: A lifelong resident of Jamestown, Spitale was a Social Program Director for the former Jamestown Boys Club. With the years he rose to become a leader in the labor movement and local and state political arena. In 1988, he Received the George Ritzer Award for outstanding leadership within the labor movement. For four terms Spitale was a Councilman-at-Large for the Jamestown City Council and was the area chairman of the Democratic Party for Gov. Mario Cuomo and State Assemblyman William Parment. Benjamin C. Spitale died March 22, 1991 leaving an unparalleled legacy of community service.

Criteria: A student who is or has a parent or guardian who is a member, in good standing, of a union in the Jamestown Area Labor Council who is ambitious, industrious, has a sense of community and financial need.

Requirements for eligibility: **APPLICATION MUST BE RETURNED COMPLETE!**
1. Complete the following application (Print or Type). Essay on page 2 must be typewritten.
2. Attach a copy of the latest transcript or report card from your school.
3. Return application, essay and copy of transcript to the **Chautauqua Region Community Foundation, 418 Spring Street, Jamestown, NY 14701 (716) 661-3390.**

Name _____

Address _____

Date of Birth _____ **Last 4 SSN #** _____ **Phone #** _____

Email address _____

High School _____ **Graduation Date** _____

College _____ **Expected Completion Date** _____

Major _____ **Certifications/College Degree** _____

Career choices: **A** _____ **B** _____

Parents/Guardians Name _____ **Phone #** _____

Address _____

Union Affiliation _____

USE THE SPACE BELOW to respond to the following question in 200 words or less. “How has my family and I benefited from the labor movement.” (This brief statement MUST BE TYPED and INSERTED IN THE SPACE BELOW).

List any extracurricular activities and community services, mentioning years involved, special recognitions and offices held:

I hereby affirm, under penalty of loss of any award, that the information above is correct and promise to notify the Chautauqua Region Community Foundation of any changes immediately.

Signature _____ **Date** _____