

Description of the Basil Paterson Scholarship Program

Basil A. Paterson devoted his life to public service and the welfare of workers, and he was at the forefront of the labor movement. A former Secretary of State of New York, he was a labor law attorney for more than 45 years, including serving as legal counsel for 1199SEIU home care and hospital workers for two decades.

In 2012, Mr. Paterson expressed his interest in the 1199SEIU Home Care Industry Education Fund's (HCIEF) mission of advancing the educational aspirations of home care workers. In response, the HCIEF Board of Trustees agreed to support a fundraising event. On April 24, 2013, HCIEF held a birthday celebration for Mr. Paterson, which also served as HCIEF's first formal fundraising activity. George Gresham, president of 1199SEIU United Healthcare Workers East, attended the event, along with many healthcare industry leaders and representatives from other labor unions, including the United Federation of Teachers, the American Federation of Teachers and 32BJ SEIU.

The evening's success helped launch the Basil Paterson Scholarship Program, which provides tuition and financial support to home care workers enrolled in college and allied health certification programs. The program recognizes the enormous difficulties home care workers often encounter as they pursue their academic and career goals. As a result, the awards include tuition credits, transportation and child-care expenses, college fees and, when applicable, licensing examination review course fees, stipends for loss of work time, costs of books and uniforms and medical benefits.

1199SEIU Training & Employment Funds

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Basil Paterson Scholarship Program Eligibility Criteria and Program Information

The award may be used for tuition credits, stipends for loss of work time, child-care expenses, transportation, required books, college fees, licensing examination review course fees (where applicable), uniforms and medical benefits. Certain portions of the award may be distributed monthly.

The student will receive all portions of the award as long as they are in compliance with program eligibility requirements.

A failing grade in any of the courses the award has paid for will prohibit the award recipient from applying for another scholarship award for a minimum of one academic semester.

Eligibility Criteria

- The applicant must be employed by a contributing 1199SEIU home care agency and must have worked 80 hours per month in at least six of the past 12 months with an 1199SEIU contributing employer.
- The applicant must be enrolled in an associate or bachelor's degree course of study at a City University of New York (CUNY) or State University of New York (SUNY) college or enrolled in a New York State-approved certification program in an allied healthcare field.
- Applicants attending college must have a grade point average of 3.0 or higher for a minimum of two consecutive semesters in an approved course of study prior to applying.
- Applicants in New York State-approved certification programs will be required to submit evidence of prior academic achievement.




Application Deadline

The applicant will be solely responsible for submitting the application and all supporting documentation by November 1 for the fall semester and May 1 for the spring semester. A completed application includes the following:

- Application Form completely filled in (an incomplete form will not be accepted)
- Employment Information Form
- Applicant's personal essay
- Participant Agreement/Release Authorization Form
- Teacher/Counselor Recommendation Form
- Teacher/Counselor Recommendation Form – Narrative
- Employment Verification Form
- Transcripts for all college-level work
- Proof of financial aid

The tuition portion of the award cannot be used for a course in which the student has previously received a failing grade and for which the 1199SEIU Home Care Industry Education Fund paid the tuition.

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Basil Paterson Scholarship Application Form (For new applicants. All fields must be completed.)

This is a fillable form. You can type your answers directly into the response fields. If you choose to print the form and handwrite your answers, please print clearly in blue or black ink.

APPLICANT'S NAME _____ DATE (MM/DD/YYYY) _____ GENDER M F

MEMBER ID# _____ COLLEGE ID# _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____ EMAIL _____

Check here to allow us to text you.

ACADEMIC INFORMATION

Term: Fall Winter Spring Summer

DATE SEMESTER BEGINS _____ DATE SEMESTER ENDS _____

NAME OF COLLEGE/SCHOOL _____

DEGREE _____ MAJOR/PROGRAM OF STUDY _____ EXPECTED GRADUATION/COMPLETION DATE (YOU MUST INCLUDE A DATE) _____

NUMBER OF CREDITS ACCUMULATED _____ NUMBER OF CREDITS/HOURS NEEDED TO COMPLETE PROGRAM _____

CLASS/COURSE INFORMATION

Name of Course	Class Code	Number of Credits	Cost per Credit	Class Day	Class Time

Name of teacher/counselor for letter of recommendation: _____

TEACHER'S/COUNSELOR'S PHONE _____ EMAIL _____

SCHOOL ADMINISTRATIVE FEES (CUNY/SUNY)

Tuition cost: _____ Student fees: _____ Technology fees: _____

Consolidated fees: _____ Estimated cost of books: _____

Please email this completed form and direct questions to Dynnah Barthold at Dynnah.Barthold@1199Funds.org. You may also call Dynnah at (212) 494-0575.

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Basil Paterson Scholarship Program Employment Information Form (All fields must be completed by the applicant.)

This is a fillable form. You can type your answers directly into the response fields. If you choose to print the form and handwrite your answers, please print clearly in blue or black ink.

NAME OF EMPLOYER

EMPLOYER'S ADDRESS

CITY

STATE

ZIP CODE

APPLICANT'S JOB TITLE

HIRE DATE

NAME OF SUPERVISOR/COORDINATOR

SUPERVISOR'S/COORDINATOR'S PHONE

SUPERVISOR'S/COORDINATOR'S EMAIL

APPLICANT'S WORK SCHEDULE

Day	Start Time	End Time	Regular Hours	Total Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
			WEEKLY	
TOTALS:				

My signature on this form acknowledges that I have answered all the information to the best of my knowledge and give permission to the 1199SEIU Home Care Industry Education Fund to receive the information on this form.

APPLICANT'S SIGNATURE

DATE (MM/DD/YYYY)

Basil Paterson Scholarship Program Instructions for Applicant's Personal Essay

Please write a personal essay of 200–250 words. The essay should answer the following questions:

1. What is your course of study, and why did you choose it?
2. What are your long-term goals?
3. Awards and scholarships change the college experience. How would receiving this scholarship affect your academic career?

Essay Guidelines

- The applicant must write the personal essay.
- The personal essay is to be typed using double spacing, proper margins and paragraph indentations. The applicant's name must appear at the top of each essay page, along with the date. The applicant is to sign the bottom of each page.
- The personal essay will be scored for content, clarity, spelling, punctuation, grammar and sentence structure.
- The applicant should write in their "everyday voice," but also remember to make a draft, edit it and then proofread the final draft before submission.
- If the applicant fails to submit the personal essay, their application will be considered incomplete.
- The personal essay may be submitted in person or via email.

Please note that the scholarship is competitive.

All requirements of the application are taken into consideration, including the personal essay.

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Basil Paterson Scholarship Program Participant Agreement/Release Authorization Form

(To be completed by the applicant.)

This is a fillable form. You can type your answers directly into the response fields. If you choose to print the form and handwrite your answers, please print clearly in blue or black ink.

To Whom It May Concern:

I, _____, am being considered for an 1199SEIU Home Care Industry Education Fund Basil
(PRINT APPLICANT'S FULL NAME)

Paterson Scholarship Award. I authorize and request that _____ complies with and furnishes any
(NAME OF SCHOOL)

requested information to 1199SEIU Home Care Industry Education Fund representatives regarding my:

- Grades and academic standing;
- Academic and/or student disciplinary records; and
- Billing and financial aid records and information.

This authorization is in effect from the date signed below until five years after my graduation or last day of attendance.

Thank you for your attention to this request.

Sincerely,

APPLICANT'S SIGNATURE

DATE (MM/DD/YYYY)

NAME OF WITNESS (PRINT)

DATE (MM/DD/YYYY)

X




SIGNATURE OF WITNESS

DATE (MM/DD/YYYY)

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Basil Paterson Scholarship Program Teacher/Counselor Recommendation Form (To be completed and returned by the teacher/counselor.)

This is a fillable form. You can type your answers directly into the response fields. If you choose to print the form and handwrite your answers, please print clearly in blue or black ink.

APPLICANT'S FIRST NAME

APPLICANT'S LAST NAME

COURSE TITLE

NUMBER OF CREDITS

SEMESTER

NAME OF COLLEGE

Please use the chart below to indicate your assessment of the applicant. Be as thorough and candid as possible. Provide a narrative description of the applicant's qualifications for receiving the scholarship in the space provided on the back of this form.

Qualitative Skills Assessment	Outstanding	Above Average	Average	Below Average	Unable to Assess
Written communication in English					
Oral communication in English					
Leadership potential					
Organizational skills					
Ability to work with others					
Initiative					
Motivation					
Maturity					
Class attendance and punctuality					
Class participation					

1. Please indicate your assessment of the applicant's potential to succeed:

Well above average

Above average

Average

Below average

Well below average

2. What is your overall recommendation of the applicant's aptitude for long-term academic success?

Strongly recommend

Recommend

Recommend with reservations

Do not recommend

TEACHER'S/COUNSELOR'S CONTACT INFORMATION

NAME

EMAIL

PHONE

X

SIGNATURE

DATE (MM/DD/YYYY)

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Teacher/Counselor Recommendation Form – Narrative (To be completed and returned by the teacher/counselor.)

This is a fillable form. You can type your answers directly into the response fields. If you choose to print the form and handwrite your answers, please print clearly in blue or black ink.

APPLICANT'S FIRST NAME

APPLICANT'S LAST NAME




How long have you known the applicant? _____

Describe the applicant's talents and strengths: _____

Do you foresee any impediments to the applicant's academic achievements? _____

What is your opinion about the applicant's potential for a successful healthcare career? _____

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Basil Paterson Scholarship Program Employment Verification Form

This is a fillable form. You can type your answers directly into the response fields. If you choose to print the form and handwrite your answers, please print clearly in blue or black ink.

TO BE COMPLETED BY THE APPLICANT/EMPLOYEE

To Whom It May Concern:

I, _____, authorize and request that you furnish any requested information related to my
(PRINT APPLICANT/ EMPLOYEE'S FULL NAME)
employment to 1199SEIU Home Care Industry Education Fund representatives.

Sincerely,

X _____
APPLICANT/ EMPLOYEE'S SIGNATURE DATE

TO BE COMPLETED BY THE EMPLOYER

This form verifies that _____ is employed at _____.
EMPLOYEE'S FULL NAME AGENCY NAME

I understand that this employee is applying for an academic scholarship with the 1199SEIU Home Care Industry Education Fund's Basil Paterson Scholarship Program.

Employment Verification

DATE OF HIRE (MM/DD/YYYY) CURRENT TITLE

CURRENT WORK SCHEDULE (DAYS AND HOURS)

Employee's Overall Work Performance

- Does the employee demonstrate cultural and linguistic competence and sensitivity, as well as good communication, problem solving, behavior management and relationship skills? Yes No
- Does the employee meet employment expectations in the following areas: compliance, punctuality, job performance, attendance and client confidentiality?
 Exceeds expectations Meets expectations Is below expectations

If below expectations, please explain: _____

Employer's Contact Information

NAME TITLE

EMAIL PHONE

X _____
SIGNATURE DATE (MM/DD/YYYY)

Please affix your agency's official stamp as proof of agency completion. Email the completed form and direct questions to Dynnah Barthold at Dynnah.Barthold@1199Funds.org. You may also call Dynnah at (212) 494-0575.