ANNOUNCING \$1,000 Scholarship

The Leslie R. Leeds Memorial Scholarship

Eligible Candidates: Employees of a COSTA member or dependents of employees

(If the member is a school district, employees must be part of

the transportation dept.)

Size of the Award: \$1,000

Qualifications: Applicant must be enrolled in or accepted by an accredited

institution of higher education (two or four year college or

university)

Applicant must have a GPA of 3.0 or higher

Applicant must submit completed application form, high school or college transcripts, essay, and two letters of

recommendation

Finalists may be invited to an interview

Deadline: Submit completed application with accompanying documents

and letters by MAY 10, 2018

Contact: Donna Legault at COSTA if additional info is needed

E-mail: donna@ctschoolbus.org

Phone: 860-953-2782

The Leslie R. Leeds Memorial Scholarship

Information for Candidates

I. Qualifications

- A. You must be an employee of a COSTA member company or school district or the dependent of an employee. If the COSTA member is a school district, the employee must work in the Transportation Department.
- B. You must be enrolled in or accepted for admission to an accredited institution of higher education as of September 2018.
- C. You must have a cumulative grade point average of 3.0 or higher.

II. Application

- A. Complete the attached application and essay forms.
- B. Include a copy of your high school or college (if applicable) transcript.
- C. Arrange to have two letters of recommendation submitted on the attached forms. At least one letter should come from an educator; the other may be from a community leader or work supervisor.
- D. All materials must be received by May 10, 2018.

III. Selection

- A. Applications will be considered by the scholarship committee, appointed by the COSTA Board of Directors.
- B. Finalists may be invited to an interview.
- C. Successful candidates will be notified in June.

Questions may be directed to Donna Legault at COSTA
e-mail: donna@ctschoolbus.org

office: (860) 953-2782

The Leslie R. Leeds Memorial Scholarship

APPLICATION FORM

Please print or type

Name			
Home Address			
City	State _	Zip	
Date of Birth	Phone (day)	(evening)	
Employer (if applicable)			
Address			
If applicant is dependent, compl	ete the following:		
Parent/Guardian Name			
Employer			
Address			
Position		Since	
Education: Circle last	year completed (as of June	2018): Grade 12, College: 1 2 3 4, Po	st-Grad
Name of High School_			
Graduation Date	Course	/Program	

College or other post-secondary institutions attended (if different from below) and dates:				
Institution enrolled in or accepted	d by for fall 2018:			
Location				
Expected major	minor			
Expected degree	Anticipated graduation date			
List extracurricular activities, spe				
	ole who will submit letters of recommendation for you			
A 1: (2)				
1.1	Date			
Applicant's Signature	Date			

Send the completed application form and essay along with your high school or college transcripts to:

Scholarship Committee
COSTA
171 Market Square Suite 209
Newington, CT 06111-2930

The Leslie R. Leeds Memorial Scholarship Essay

Applicant's name	
Please discuss the following question in an original essay of 250 to 500 words.	
Which of your experiences, academic or otherwise, has affected you the most, a	ınd

why?

The Leslie R. Leeds Memorial Scholarship

TO: Scholarship Committee COSTA 171 Market Sq. Suite 209 Newington, CT 06111-2930	FROM:	
DATE:	PHONE:	
RE: Application of		

Please indicate in your recommendation your relationship with the applicant. Use additional pages if necessary. Letters must be received by May 10,2018.