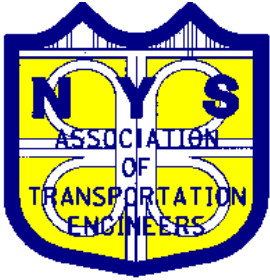


**NEW YORK STATE ASSOCIATION OF TRANSPORTATION ENGINEERS  
SECTION 5**



President  
Renjit James  
[Renjittjames@gmail.com](mailto:Renjittjames@gmail.com)

Vice-President  
Craig Mozrall

Secretary/Treasurer  
Sylvia J. Jones  
[sjonesNYSATE@gmail.com](mailto:sjonesNYSATE@gmail.com)

Local Director  
Lisa Bevilacqua

Local Director  
Joe Burrzano

State Board Director  
Cameron Schulz  
[Cbschulz.nysate5@gmail.com](mailto:Cbschulz.nysate5@gmail.com)

Past President  
Kimberly Lorenz

Appointments  
Chris Gaul  
Tracy Wheeler

April 18, 2024

Dear Member:

I have enclosed the information and application for our 2024/2025 Frederick E. Bragg and John T. Metzger Memorial Scholarship Program. Please type or print all information required.

Attach additional sheets, if necessary, for any question. Remember that our committee does not know you or your capabilities; therefore, anything that you want to include to sell yourself as a student is acceptable.

Please send all information to me at the following address or drop off at my desk:

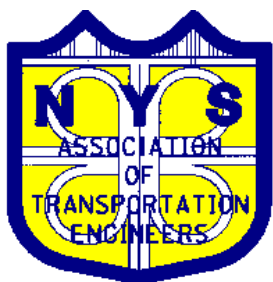
NYSATE-Section 5, Scholarship  
C/O Sylvia J. Jones  
Secretary/Treasurer  
835 Daigler Drive  
North Tonawanda, NY 14120-3445

All information provided will be kept confidential. Any information provided will be destroyed unless you request that it be returned after the selection process. Please complete and return the application form by May 31, 2024. Good Luck.

Sincerely,

Sylvia J. Jones  
NYSATE Secretary/Treasurer  
Section 5

SJJ  
Enclosure



President  
Renjit James  
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## APPLICATION FOR SCHOLARSHIP

SPONSORED BY THE NEW YORK STATE ASSOCIATION OF  
TRANSPORTATION ENGINEERS

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### SECTION I - GENERAL

*The New York State Association of Transportation Engineers Section 5 Scholarship.*

1. Shall be one of two in the amount of \$750.00, and up to two in the amount of \$500.00.
2. Shall be awarded for two- or four-year schools.
3. Will be used by the recipient at an accredited school of her/his own choice and recipient must be considered a full-time student. (Minimum 15 credit hours)
4. Will be paid directly to the individual as part or complete payment of tuition or other school charges.
5. Upon winning a scholarship, candidate must submit proof as required by the President of Section 5 of attending school in 2024-2025 school year.

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### SECTION II - CANDIDATE FOR SCHOLARSHIP

*Candidates for Scholarship...*

6. Must be a child or ward of a member, or member, except Honorary Members, of the New York State Association of Transportation Engineers. Such members shall be in good standing and have an unbroken membership for a period of one year preceding the awarding of the scholarship and keep their membership paid up during the tenure of the scholarship; or a child of a deceased member who would have been eligible if the parent were living.
7. Must be a High School Senior or Graduated and not beyond a Junior in College at the time of the application.
8. Must submit their application for scholarship to the Section 5 Secretary/Treasurer, Sylvia J. Jones, no later than **May 31 2024**.
9. Must present a letter of recommendation from their high school official or college academic counselor or teacher at the time of their application.
10. Must adhere to all rules and regulations set forth herewith.

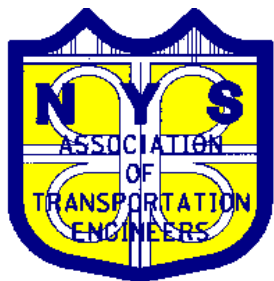
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### SECTION III - CANDIDATE SELECTION

*The recipient for the Scholarship will be selected by the Section 5 Scholarship Selection committee. The Committee will base its selection on the following:*

- Scholastic ability (High School or College average and S.A.T. scores).
- Financial need.
- Extra-curricular activities.
- Ambition (Initiative)

NEW YORK STATE ASSOCIATION OF TRANSPORTATION ENGINEERS  
SECTION 5



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[Renjitjames@gmail.com](mailto:Renjitjames@gmail.com)

Vice-President  
Keri Ossont

Secretary/Treasurer  
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**APPLICATION FOR SCHOLARSHIP**

SPONSORED BY THE NEW YORK STATE ASSOCIATION OF TRANSPORTATION ENGINEERS

1. **CANDIDATES NAME:** \_\_\_\_\_  
Last First MI
2. **ADDRESS:** \_\_\_\_\_  
Street City State Zip
3. **DATE OF BIRTH:** \_\_\_\_\_ E-Mail \_\_\_\_\_
4. **RELATIONSHIP TO NYSATE SECT. 5 MEMBER (CHECK ONE)**  
Son  Daughter  Ward
5. **MEMBERS NAME:** \_\_\_\_\_  
**WORK LOCATION:** \_\_\_\_\_  
**TITLE:** \_\_\_\_\_  
**LENGTH OF MEMBERSHIP:** \_\_\_\_\_
6. **NUMBER OF DEPENDENTS IN FAMILY:** \_\_\_\_\_
7. **REFERENCES**  
1. \_\_\_\_\_  
Name Address Telephone  
2. \_\_\_\_\_  
3. \_\_\_\_\_
- GROSS FAMILY INCOME:** \_\_\_\_\_
8. **EDUCATION: HIGH SCHOOL** \_\_\_\_\_ **CLASS OF** \_\_\_\_\_
9. **COLLEGE** \_\_\_\_\_ **CLASS OF** \_\_\_\_\_  
ATTACHE HIGH SCHOOL OR COLLEGE TRANSCRIPTS AND SAT RESULTS  
HIGH SCHOOL AND/OR COLLEGE EXTRA CURRICULAR ACTIVITIES
10. **MAJOR YOU PLAN TO OR ARE FOLLOWING:** \_\_\_\_\_
11. **COLLEGE YOU WILL OR ARE ATTENDING:** \_\_\_\_\_
12. **ARE YOU A PREVIOUS NYSATE SCHOLARSHIP WINNER:** YES NO  
YEAR: \_\_\_\_\_ AMOUNT \_\_\_\_\_

I affirm that all the information above and enclosed is true and accurate to the best of my knowledge.

**APPLICANTS SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**MEMBERS Home EMIAL:** \_\_\_\_\_

**MEMBERS SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_