



1199SEIU HOME CARE INDUSTRY EDUCATION FUND

330 West 42nd Street, 2nd FL • New York, NY 10036-6977 • Mailing Address: P.O. Box 1016 • New York, NY 10108
Tel (212) 494-0555 • Fax (212) 629-7424 • www.1199SEIUBenefits.org

Description of the Basil Paterson Scholarship Program

For more than 45 years, Basil A. Paterson was a labor law attorney. Mr. Paterson was also the former Secretary of State of New York. For much of those 45 years Mr. Paterson was at the forefront of the labor movement, representing various labor unions, and for two decades he served as counsel for 1199SEIU Home Care and hospital workers. In late 2012, Mr. Paterson expressed his desire to be supportive of the 1199SEIU Home Care Industry Education Fund's mission of providing educational advancement for home care workers.

In response to Mr. Paterson's significant interest, the Education Fund's Board of Trustees agreed to support a fundraising event. On April 24, 2013, the Fund held a birthday celebration for Mr. Paterson. In attendance alongside George Gresham, President of 1199SEIU **United** Healthcare Workers East, were many healthcare industry leaders and other labor unions, including the United Federation of Teachers, 32BJ SEIU and the American Federation of Teachers.

Mr. Paterson's wholehearted endorsement of the Fund's first formal fundraising activity resulted in a very successful evening, which launched this scholarship award program. As a result, qualified applicants who meet the program and academic eligibility criteria are now able to compete for and receive these scholarship awards.

The Basil Paterson Scholarship Program recognizes the enormous difficulties students often encounter as they pursue their academic and career goals, so it was decided that the scholarship awards will consist of multiple parts — tuition credits, transportation and child-care expenses, college fees and, where applicable, licensing examination review course fees, stipends for loss of work time, required books, uniforms and medical benefits.



1199SEIU HOME CARE INDUSTRY EDUCATION FUND

330 West 42nd Street, 2nd FL • New York, NY 10036-6977 • Mailing Address: P.O. Box 1016 • New York, NY 10108
Tel (212) 494-0555 • Fax (212) 629-7424 • www.1199SEIUBenefits.org

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 on a monthly basis.

The student will receive all portions of the award as long as he or she is in compliance with program eligibility requirements.

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

Eligibility Criteria

- The applicant must be currently 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(s).
- The applicant must be currently 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 currently 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 submitting an application.
- 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 18, 2019. 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 tuition was paid for by the 1199SEIU Home Care Industry Education Fund.



Basil Paterson Scholarship Program Application Form

(For new applicants. All fields must be completed. Please print clearly in blue or black ink.)

Applicant's name: _____ Gender: M F Date: _____

Member ID #: _____ EMPL ID #: _____

Address: _____ City: _____ State: _____ ZIP code: _____

Home phone: _____ Cell phone: _____

Check here to allow us to text you. Email: _____

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 submit 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/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 to Yanira.Escamilla@1199Funds.org or mail it to the address above, ATTN: Yanira Escamilla.
 For questions or further information, contact Yanira Escamilla at (212) 494-0550 or Yanira.Escamilla@1199Funds.org.



Basil Paterson Scholarship Program Employment Information Form

(All fields must be completed by the applicant. Please print clearly in blue or black ink.)

Name of employer: _____
 Employer's address: _____ City: _____ State: ___ ZIP code: _____
 Current job title: _____ Hire date: _____
 Length of employment: _____
 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				
TOTALS: WEEKLY				

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: _____

Please email this completed form to Yanira.Escamilla@1199Funds.org or mail it to the address above, ATTN: Yanira Escamilla. For questions or further information, contact Yanira Escamilla at (212) 494-0550 or Yanira.Escamilla@1199Funds.org.



1199SEIU HOME CARE INDUSTRY EDUCATION FUND

330 West 42nd Street, 2nd FL • New York, NY 10036-6977 • Mailing Address: P.O. Box 1016 • New York, NY 10108
Tel (212) 494-0555 • Fax (212) 629-7424 • www.1199SEIUBenefits.org

Basil Paterson Scholarship Program Instructions for Applicant's Personal Essay

Please write a personal essay of 200–250 words. The essay is to address the following questions:

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

Essay Guidelines

- The personal essay must be written by the applicant.
- The personal essay is to be typed using double spacing, proper margins and paragraph indentations. The applicant's name must appear on 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 his or her "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, his or her application will be considered incomplete.
- The personal essay may be submitted in person or via email; the original version of the essay must be mailed using the enclosed self-addressed, stamped envelope.

Please note that the scholarship is competitive. All requirements of the application are taken into consideration, including the personal essay.

For questions or further information, contact Yanira Escamilla at (212) 494-0550 or Yanira.Escamilla@1199Funds.org.



1199SEIU HOME CARE INDUSTRY EDUCATION FUND

330 West 42nd Street, 2nd FL • New York, NY 10036-6977 • Mailing Address: P.O. Box 1016 • New York, NY 10108
Tel (212) 494-0555 • Fax (212) 629-7424 • www.1199SEIUBenefits.org

Basil Paterson Scholarship Program Participant Agreement/Release Authorization Form

(To be completed by the applicant. Please print clearly in blue or black ink.)

To Whom It May Concern:

I, _____, am being considered for an 1199SEIU Home Care
(Print applicant's full name)

Industry Education Fund Basil 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

Name of witness (print)

Date

Signature of witness

Please fax completed form to (212) 494-0551, ATTN: Yanira Escamilla. For questions or further information, contact Yanira Escamilla at (212) 494-0550 or Yanira.Escamilla@1199Funds.org.



1199SEIU HOME CARE INDUSTRY EDUCATION FUND

330 West 42nd Street, 2nd FL • New York, NY 10036-6977 • Mailing Address: P.O. Box 1016 • New York, NY 10108
 Tel (212) 494-0555 • Fax (212) 629-7424 • www.1199SEIUBenefits.org

Basil Paterson Scholarship Program Teacher/Counselor Recommendation Form

(To be completed by the teacher/counselor. Please print clearly in blue or black ink. This form must be returned by the teacher/counselor.)

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral communication in English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organizational skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to work with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Class attendance and punctuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Class participation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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/Counselor's Contact Information

Name: _____ Email: _____

Phone: _____ Signature: _____ Date: _____

Please email this completed form to Yanira.Escamilla@1199Funds.org or mail it to the address above, ATTN: Yanira Escamilla. For questions or further information, contact Yanira Escamilla at (212) 494-0550 or Yanira.Escamilla@1199Funds.org.



1199SEIU HOME CARE INDUSTRY EDUCATION FUND

330 West 42nd Street, 2nd FL • New York, NY 10036-6977 • Mailing Address: P.O. Box 1016 • New York, NY 10108
Tel (212) 494-0555 • Fax (212) 629-7424 • www.1199SEIUBenefits.org

Basil Paterson Scholarship Program Teacher/Counselor Recommendation Form – Narrative

(To be completed by the teacher/counselor. Please print clearly in blue or black ink.
This form must be returned by the teacher/counselor.)

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?

Please email this completed form to Yanira.Escamilla@1199Funds.org or mail it to the address above, ATTN: Yanira Escamilla.
For questions or further information, contact Yanira Escamilla at (212) 494-0550 or Yanira.Escamilla@1199Funds.org.



1199SEIU HOME CARE INDUSTRY EDUCATION FUND

330 West 42nd Street, 2nd FL • New York, NY 10036-6977 • Mailing Address: P.O. Box 1016 • New York, NY 10108
Tel (212) 494-0555 • Fax (212) 629-7424 • www.1199SEIUBenefits.org

Basil Paterson Scholarship Program Employment Verification Form

(Top half of form to be completed by the employee. Please print clearly in blue or black ink.)

To Whom It May Concern:

I, _____, authorize and request that you furnish any requested
(Print employee's full name)

information related to my employment to 1199SEIU Home Care Industry Education Fund representatives.

Sincerely,

Employee's signature

Date

(Bottom half of form to be completed by the employer. Please print clearly in blue or black ink.)

This form verifies that _____ (employee's full name) is currently employed at
_____ (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: _____ 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 standards in the following areas: compliance, punctuality, job performance, attendance and client confidentiality?

Exceeds expectations Meets expectations Is below expectations

If below expectations, please comment:

Employer's Contact Information

Name: _____ Title: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

***Please stamp this form as proof of agency completion. Please fax completed form to (212) 494-0551, ATTN: Yanira Escamilla.
For questions or further information, contact Yanira Escamilla at (212) 494-0550 or Yanira.Escamilla@1199Funds.org.