



**New York State
Public Employees Federation**

Division 235 Scholarship Application Form

Member's Name: _____
Last First

Address: _____

Personal Email: _____

Phone No. _____

Specific Job Location: _____

Student's Name: _____
Last First

Address: _____

Personal Email: _____

Phone No. _____

Please email completed form, copy of student's Spring 2026 registration /
class schedule for at least 6 credits and copy of member's employment ID

To:

Philip Starrides
Chair, Scholarship Committee
philip_starrides@yahoo.com

Deadline: March 25, 2026