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IRA ADLER, LEGAL COUNSEL
CERTILMAN, BALIN, ADLER & HYMAN

Long Island Home Builders Care, Inc
1757-8 Veterans Memorial Highway
Islandia, N. Y. 11749
Phone 631-232-2345 • Fax 631-232-2349
www.lihbc.org lois@lihbc.org

LONG ISLAND HOME BUILDERS CARE MANCINI FAMILY SCHOLARSHIP FUND



ANOTHER LIBI MEMBERSHIP BENEFIT

Dear LIBI Member,

Please read all about our LIBI membership benefit.

Do you know that **Long Island Home Builders Care, Mancini Family Scholarship Fund** grants scholarships of \$2,000.00 per year, to a maximum of \$8,000.00 to qualifying students? We are actively recruiting applicants for our 2020 Scholarships. If you know someone who meets the following guidelines, please have them complete an application:

- The child or grandchild of a LIBI member.
(*Employees of LIBI members, their children and grandchildren also qualify.*)
- Must attend our June 10th General Membership Dinner Meeting to receive award
- A High School graduate entering college in 2020, transfer student or graduate of an accredited two-year college*.
- Maintenance of Minimum established academic grades
- Community involvement in charitable, social and/or political endeavors.

Get your applications in!

Application deadline: May 1, 2020

Please call the LIBI office for additional packets, download application from www.lihbc.org website or the members only section of www.libi.org or you can call Jen at 631-232-2345 or by e-mail jen@libi.org.



Long Island Home Builders Care Mancini Family Scholarship Fund

Applicant: Please complete ALL sections of this application. Use N/A if question does not apply. Type or print using black ink.
Mail complete application package to: Long Island Home Builders Care Inc.
1757-8 Veterans Memorial Highway, Islandia, New York 11749 (631) 232-2345

I. Personal

A. Name: _____
Last First Middle

Address: Home _____
Street # City State Zip

B. Telephone: Home () _____ **Email:** _____

C. Date of Birth: _____

D. US Citizen: ____ (Yes or No) If not, what type of visa do you hold? _____

II. Educational Information

A. Provide the name and address of your high school

B. Grade Point Average (GPA) _____ (*Please attach an official transcript*)

C. What extracurricular activities have you participated in while attending high school? Indicate elected offices held, if any (attach additional sheets, if necessary)

1) Student activities

2) Community activities

3) Athletics

4) Other

III. List all Colleges to which you are going to apply, with addresses and phone numbers:

IV. Employment History

A. List below summer employment, other part-time work, or internship briefly explaining duties and responsibilities (beginning with your most recent job). If part-time work, indicate number of hours per week. Add additional sheets as necessary.

1) From _____ to _____

Firm's Name and Type of Business _____

Address _____

Supervisor's Name & Title _____

Responsibilities: _____

2) From _____ to _____

Firm's Name and Type of Business _____

Address _____

Supervisor's Name & Title

Responsibilities: _____

V. Additional Information

Answer the following questions: (Attach additional sheets if necessary)

1) What has been your most important extracurricular activity, your most important contribution to it and what has your participation in it meant to you as an individual?

2) Please write a short essay of no more than 150 words on a separate sheet of paper indicating your future career plans. You could consider including individuals or events that influenced your decision and/or an explanation of how your work experiences relate to your desired career.

3) Please name the member(s) of your immediate family who is (are) presently employed in the building industry?

Name _____ Relationship _____

Employer _____

Position with Company _____

Name _____ Relationship _____

Employer _____

Position with Company _____

I agree that the Board of Directors of Long Island Home Builders Care and/or representatives designated by the Board of Directors may: use the application and all attachments for the purposes of evaluation and selection; obtain any additional information necessary for processing this application; and maintain this application and supporting information on file. I further agree that the information provided is true and not misleading, and if approved, I will abide by the agreement of the scholarship.

Signature: _____ Date: _____

Note to Applicants: You have the ultimate responsibility to ensure that the application, and all forms and transcripts are received by Long Island Home Builders Care and postmarked by May 1st, 2020

RULES AND REGULATIONS

Long Island Home Builders Care Mancini Family Scholarship Fund

Presented by LIHBC

Postmarked Deadline: May 1st, 2020

Eligibility

- 1) Applicant **MUST** be a high school senior, or have graduated from an accredited two-year college. Transfer students are eligible for scholarship for a maximum of two (2) years.
- 2) Applicant must be a U.S. citizen or documented permanent resident of the United States (i.e. must possess a “green card”).
- 3) Applicant **MUST** be a child or grandchild of Long Island Builders Institute member in good standing or their employees, or their employees’ children or grandchildren.

Requirements

- 1) Applicant is responsible for insuring that **all items** listed below are submitted **as one package and postmarked by May 1st, 2020**.
- 2) Completed, signed application.
- 3) One evaluation form completed by your high school teacher or guidance counselor.
- 4) One evaluation form completed by an adult not related to the applicant. **(Evaluation forms must be in sealed envelopes with the evaluator’s name signed across the seal.)**
- 5) Most recent official transcript of high school (see item II B of application).
- 6) Copy of the letter of acceptance from the college that student plans on attending.
- 7) Supply LIHBC with a photograph (head/shoulder shot) of student and signed photo release form.
- 8) Essay questions answered (items V1 and V2 of application).
- 9) Supply LIHBC with final transcript by July 13th 2020 to receive your check.
- 10) Must attend our June General Membership Dinner Meeting or forfeit award.

No reminders regarding submission of this information package will be provided to applicant prior to the deadline. Incomplete application packages will NOT be considered.

Awards

- 1) Scholarships will be a maximum of \$2,000 per student per year for a maximum of four (4) years (transfer students are only eligible for scholarship for the remainder of four (4) years since beginning undergraduate education).
- 2) Applications will be reviewed and winners selected by a Scholarship Selection Board chosen by the Board of Directors of Long Island Home Builders Care, which will consider applicant’s grades, extracurricular activities, employment experience and adult evaluations.
- 3) Awards will be announced in June and winners will be notified by mail.
- 4) Checks will be presented to recipients prior to the beginning of the school year. Checks will **not** be sent to the college.
- 5) For subsequent awards, scholarship winners are required to provide proof of continued enrollment and good standing in a college program leading to a degree in an eligible field of study. Recipient is encouraged to seek summer employment in one of the areas of endeavor listed above at some time during undergraduate enrollment.
- 6) **Scholarship winners must submit to LIHBC via letter or email an update as to your current activities along with pictures of school events that you participate in. We may use your photos in our Newsletter and Promotional material.**
- 7) **For subsequent awards, send us a copy of your transcript and paid tuition receipt for the coming year. Grades must reflect a minimum of a “C” average. If, at any time, the minimum average is not met, the scholarship shall be forfeited for the balance of the scholarship term.**

Miscellaneous

- 1) Send completed application package to Long Island Home Builders Care Inc., Mancini Family Scholarship Fund; 1757-8 Veterans Memorial Highway, Islandia, New York 11749. (631) 232-2345
- 2) For more information and copies of application, write to the above address or email jen@libi.org.

EVALUATION SHEET

Long Island Home Builders Care Mancini Family Scholarship Fund
Presented by Long Island Home Builders Care

Name of Student: _____

Your name has been given as a reference by the above student who has applied for a Long Island Home Builders Care Scholarship. Your evaluation is important to us in considering this application.

Please complete this form (type or use black ink) and return to the student in a sealed envelope with your signature across the seal.

Name of Evaluator _____

Address _____

Telephone _____

How long have you known the applicant?

Evaluation of Social and Personal Traits

Please rate each characteristic listed, using a scale of 0 to 10, with "10" being "Superior" and "0" being "Poor."
If you would like to make additional comments about the applicant, please attach a separate sheet.

Poor	Below Average		Average			Above Average		Superior		
0	1	2	3	4	5	6	7	8	9	10
Cooperation										
Courtesy										
Dependability										
Industriousness										
Initiative										
Leadership										
Maturity										

Furnish information on the nature and frequency of your contacts and observations of the applicant.

Also, using the above evaluation, indicate your opinion of the applicant's ability to select a goal and achieve it.

Signature _____ Date _____

Note: It is the applicant's responsibility to ensure that this form is submitted to Long Island Home Builders Care, c/o LIBI, 1757-8 Veterans Memorial Highway, Islandia, New York 11749

EVALUATION SHEET

Long Island Home Builders Care Mancini Family Scholarship Fund
Presented by Long Island Home Builders Care, Inc.

Name of Student: _____

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If you would like to make additional comments about the applicant, please attach a separate sheet.

	Poor 0	Below Average 1	2	3	Average 4	5	Above Average 6	7	8	Superior 9	10
Cooperation											
Courtesy											
Dependability											
Industriousness											
Initiative											
Leadership											
Maturity											

Furnish information on the nature and frequency of your contacts and observations of the applicant.

Also, using the above evaluation, indicate your opinion of the applicant's ability to select a goal and achieve it.

Signature _____ Date _____

**Note: It is the applicant's responsibility to ensure that this form is submitted to:
Long Island Home Builders Care, 1757-8 Veterans Memorial Highway, Islandia, New York 11749**

Photograph Release
Please enclose a photograph of yourself.
Awards not considered without your photo and completed application.

Long Island Home Builders Care

I grant permission to Long Island Home Builders Care (LIHBC) and/or the Long Island Builders Institute (LIBI), to use my photograph for reproduction in any medium for purposes of advertising, trade, display, exhibition or editorial use, without notifying me.

I hereby waive any right to inspect or approve the photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs.

I hereby agree to release and hold harmless LIHBC and LIBI, via electronic or media, from and against any claims, damages or liability arising from or related to the use of the photographs, including, but not limited to any re-use, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in production of the finished product.

I am 18 years of age and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Name: _____ Date: _____

Address:

Signature:

Email:

Parent or Guardian signature if under 18 years of age:

Send to address below no later than May 1st 2020:

Long Island Home Builders Care Mancini Family Memorial Scholarship Fund
1757-8 Veterans Memorial Highway,
Islandia, New York 11749
631-232-2345