

NEW YORK STATE FBLA FOUNDATION HUMANITARIAN SLC GRANT

The New York State FBLA Foundation will continue to award three-\$150 SLC grants* to three FBLA members who have demonstrated outstanding community service between July 1, 2024 and January 31, 2025.

Applications can be downloaded from the New York State FBLA Website (www.nysfbla.org), completed, and **postmarked by SATURDAY, FEBRUARY 15, 2025**. A copy of the application is also attached. A selection committee will determine the 2025 recipients. Decisions of the selection committee are final.

MAIL TO:

Ms. Gloria LaSota
127 Northwood Drive
Depew, NY 14043

Please Note:

1. Any current member may apply; however, only one member per chapter may be chosen to receive the grant.
2. Individuals must have participated in community service between July 1, 2024 and January 31, 2025.
3. The grant recipient **MUST ATTEND** the in-person 2025 State Leadership Conference. *The \$150 will be deducted from each grant recipient's 2025 SLC cost.
4. Winning grant recipients will be notified on or about February 28, 2025.
5. If you have any questions regarding this Humanitarian SLC Grant, please contact Ms. Gloria LaSota by e-mail at: glorialasota@gmail.com

NEW YORK STATE FBLA FOUNDATION Humanitarian SLC Grant “How have you helped others less fortunate than yourself?”

Amount: \$150 toward 2025 in-person NYS FBLA State Leadership Conference
 Eligibility: 2024-2025 NYS FBLA members who have participated in Community Service

The \$150 will be deducted from each grant recipient’s 2025 in-person SLC cost.

Name _____ Home Phone _____
 Address _____
Street City State Zip
 Chapter _____ Chapter No. _____ Advisor _____

Please write a **250-word essay (maximum)** describing your community service involvement and humanitarian deeds between July 1, 2024 and January 31, 2025. (No Photos) Use the back of this form if necessary or you may attach a word processed document. Essays must not exceed **250** words!

Applicant's Signature _____ Advisor's Signature _____

Signature of the person overseeing your community service _____
Signature Title

Company/Organization _____ Phone/Email _____

The person overseeing your community service is asked to submit a statement below explaining his/her endorsement. Supervisors are only to comment on the individual’s responsibility, dependability and integrity related to the specific community service activity (**maximum 100 words**).

Please return this completed form to Ms. Gloria LaSota, 127 Northwood Drive, Depew, NY 14043 postmarked by February 15, 2025.