

Eastern New York Laborers'- Employer Education & Trust Fund

Kelly A. Moran Memorial Scholarship Program-Announcement and Instructions- 2026-2027 Academic Year.

The Eastern New York Laborers' Employer Education & Trust Fund Scholarship Program is pleased to announce the availability of **30 scholarships in the amount of \$3,000 each** for the **2026–2027 academic year**.

These scholarships are available exclusively to the **dependent sons and daughters of active members of Laborers' Local 190**. Applicants may be entering or currently enrolled as full-time undergraduate or graduate students in a curriculum of their choice at an accredited two-year or four-year college or university.

Application Deadline

Applications must be received no later than July 17, 2026.

An independent committee comprised of individuals from the local professional community will select the scholarship recipients. Scholarships will be awarded based on demonstrated financial need and scholastic achievement.

Scholarships may be renewed annually, subject to satisfactory academic performance and approval by the Scholarship Committee.

Required Application Materials

To be considered, applicants must submit the following:

1. An essay of approximately **300–500 words** describing how they would benefit from a college education.
2. A copy of their high school transcript, or, if currently enrolled in college, copies of their college transcripts.
3. Proof of full-time enrollment for the Fall semester (minimum of **12 credit hours**) showing the name of the college or university.

All requested information must be provided in order for an application to be considered.

Please mail or deliver all application materials to:

**Eastern New York Laborers'-Employer Education & Trust Fund
Kelly A. Moran Scholarship Program
668 Wemple Road
Glenmont, NY 12077**

EASTERN NEW YORK LABORERS'-EMPLOYER EDUCATION & TRUST FUND

Kelly A. Moran Memorial Scholarship Program

2026-2027

Date: _____

Name of Applicant: _____

Age: _____

Address: _____

Phone: _____

City, State, Zip Code: _____

High School or College attended: _____

Date of Graduation: _____

School applying to/enrolled at: _____

Major: _____

Parent name (Union member): _____

Address: _____

Phone: _____

City, State, Zip Code: _____

Total estimated College Expense (1 Year):

Resources for meeting anticipated expense:

Tuition: \$ _____

Student's contribution: \$ _____

Room, Board: \$ _____

Parent's contribution: \$ _____

Fees: \$ _____

Scholarships/Grants: \$ _____

Travel Expense: \$ _____

Tuition assistance/Other: \$ _____

Books/Supplies: \$ _____

Total: \$ _____

Total: \$ _____