

**MARTIN KITTLE SCHOLARSHIP**

**2025-2026**

**Bruce Ruinsky, Executive Director**

## **THE PROGRAM**

The Scholarship Awards Program is an undertaking of the contributing Employers to this Fund, who are signed with District Council #9, Local 806—IUPAT, created the awards program to encourage and assist the children of journeymen members in their employ to achieve a higher education.

## **QUALIFICATIONS**

To qualify for the competition the applicant must:

- Be the son or daughter whose parent has been a member in good standing with District Council #9, for three continuous years prior to applying for the award and is a member of Local 806, and has earned eligibility working for an employer who is a signatory with District Council #9, Local 806.
- Be a high school senior who will be graduating during the current academic year and will enter the first year of college in September.
- Has maintained at least a B average in high school.
- Be accepted in any accredited FOUR-YEAR university.

## **HOW WINNERS ARE DETERMINED**

The Scholarship Advisory Committee will evaluate applications by the use of, but not limited to, such information as the High School academic record, extracurricular activities, personal interview, and test scores.

## **TO MAINTAIN THE SCHOLARSHIP AWARD**

A Scholarship Award winner who makes satisfactory progress towards his/her degree, meeting the standards set by the college Scholarship Committee, may retain the scholarship throughout the four years of college attendance or until the requirements for a Bachelor's degree are completed, whichever is earlier. It is mandatory, however, that the student qualify each year by furnishing the Scholarship Committee with the college transcript.

If a recipient's studies are interrupted by illness, accident, change in college enrollment, or some other extenuating circumstance, such information must be reported promptly to the Painting Industry Scholarship Committee. Requests for the recipient's scholarship to be held in abeyance will be considered by the Scholarship Committee.

## **HOW TO APPLY**

To be considered for a Scholarship Award you must:

- Fill out the enclosed application that follows and return promptly to the Painting Industry Scholarship Committee.
- Give the completed application to your principal or Guidance Counselor and ask him or her to sign it, enter your junior rank in class, S.A.T. scores, and enclose a transcript of your school record.
- The school seal must be affixed to Page Three.
- E-mail completed application **ASAP to:**

**[bruinsky@masterpaintersny.com](mailto:bruinsky@masterpaintersny.com)**

**or mail to:**

**SCHOLARSHIP AWARDS PROGRAM  
370 Seventh Avenue, Suite 418  
New York, NY 10001**

Remember, it is your responsibility to apply for and gain admission to the university of your choice. To qualify for a scholarship, you must have been admitted to a four-year college or university.

Please keep these first two pages for your future reference, and return to us the enclosed application with all the required information.

**PAGE ONE**

**APPLICATION—SCHOLARSHIP AWARDS**

TYPE OR PRINT CLEARLY ALL INFORMATION:

NAME \_\_\_\_\_ SEX  
                    LAST                      FIRST                      MIDDLE                      ☐ M                      ☐ F

MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
                                    M    D    YR                      Social Security #                      Telephone #

HIGH SCHOOL: NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PRINCIPAL'S NAME \_\_\_\_\_ CITY \_\_\_\_\_

IN WHAT STUDENT ACTIVITIES DID YOU PARTICIPATE? \_\_\_\_\_  
\_\_\_\_\_

LIST OFFICES HELD OR HONORS RECEIVED IN THESE ACTIVITIES:  
\_\_\_\_\_  
\_\_\_\_\_

COLLEGE OF ADMISSION \_\_\_\_\_ DATE ACCEPTED \_\_\_\_\_

ADDRESS \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

YOUR INTENDED MAJOR: \_\_\_\_\_

LIST FINANCIAL ASSISTANCE YOU HAVE BEEN AWARDED:

TAP \$ \_\_\_\_\_ FASFA \$ \_\_\_\_\_ STATE REGENTS \$ \_\_\_\_\_

LIST ANY OTHER FINANCIAL ASSISTANCE YOU HAVE APPLIED FOR:  
\_\_\_\_\_

## APPLICATION: PAGE TWO

### PARENT INFORMATION

Parent must be in good standing as a journeyman member of the International Union of Painters and Allied Trades, District Council #9, of New York City. Complete required information below:

PARENT'S NAME		ADDRESS	
CITY	STATE	ZIP CODE	
LOCAL #	INSURANCE #		
	SOCIAL SECURITY #		
	EARNINGS – 2024		
PRESENT EMPLOYER'S NAME			
ADDRESS			
TELEPHONE #			

### S.A.T. INFORMATION

S.A.T. taken on			
	MONTH	YEAR	SCORE

I authorize the use of my Scholastic Aptitude Test Scores for this application and also authorize my high school to complete the information requested on Page Three.

Applicant's Signature	Parent's Signature (if applicant under 18)
DATE	

**APPLICATION: PAGE THREE**

**HIGH SCHOOL VERIFICATION**

This section to be completed by principal or guidance counselor.

Is the student a senior in high school?   YES ☐                      NO ☐

Exact rank in class in Junior year                      \_\_\_\_\_

Junior year class size    \_\_\_\_\_

S.A.T. score    \_\_\_\_\_

OTHER COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Principal or Guidance Counselor                      DATE

**SCHOOL SEAL OR STAMP:**

**Please attach a transcript of the school record.**

Application must be returned by the school signatory by **July 31, 2025**

EMAIL TO:                      [\*\*bruinsky@masterpaintersny.com\*\*](mailto:bruinsky@masterpaintersny.com)

OR MAIL TO:    **SCHOLARSHIP AWARDS PROGRAM**  
**370 Seventh Avenue, Suite 418**  
**New York, NY 10001**

**APPLICATION: PAGE FOUR**

In not less than 150 words write an essay on “Why I want to go to college.”

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SIGNATURE