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American Federation  
of Teachers

# The NIAGARA FALLS TEACHERS

800 Main Street Suite 1A  
716/285-2894 Niagara Falls, NY 14301  
EMAIL US AT [NFT801@gmail.com](mailto:NFT801@gmail.com) Fax: (716) 285-2896

**JANUARY 2024**

## NIAGARA FALLS TEACHERS SCHOLARSHIPS

**NFT will be providing a competitive scholarship opportunity for \$ 1,000 scholarships.**

- 1. Must be a graduating senior as of June 2024.**
- 2. Must be a child of an NFT member.**
- 3. Must be planning to attend a college of higher learning.**
- 4. Must have exhibited leadership qualities while attending high school.**
- 5. For the Minorities in Education Scholarship must be attending a college of higher learning studying to become an Educator.**
- 6. Kindly fill out the scholarship and provide the information needed from your school counselor.**
- 7. Scholarships must be returned to the address listed on the Scholarship Application.**
- 8. Scholarships must be returned to Niagara Falls Teachers by April 15, 2024.**

**Any questions reach out to us or your school counselor.**

# The NIAGARA FALLS TEACHERS

## MARK A. TEOLI TRADES SCHOLARSHIP APPLICATION FORM

**\*All Information Will Be Held Strictly Confidential\***

Please return your scholarship application, including this cover sheet, in a sealed envelope to **Nicole Gall in Room 120 at NIAGARA FALLS HIGH SCHOOL Scholarship Selection Committee, 4455 Porter Road Niagara Falls, New York 14305** or to **NIAGARA FALLS TEACHERS SCHOLARSHIP SELECTION COMMITTEE 800 MAIN STREET SUITE 1A NIAGARA FALLS, NY 14301**

Check to be sure that your references have been sent by the deadline -

**on or before Monday, April 15, 2024**

NAME OF APPLICANT: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAMES OF PARENTS OR GUARDIANS: \_\_\_\_\_

**STUDENT'S NAME**

1. High School \_\_\_\_\_
2. Occupation of Parents (Check here if parent(s) are NFT Member) \_\_\_\_\_  
Father's Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_  
Full Time (\_\_\_\_) Part Time (\_\_\_\_)  
Mother's Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_  
Full Time (\_\_\_\_) Part Time (\_\_\_\_)
3. Ages of children living at home (including yourself) \_\_\_\_\_  
List brothers and sisters attending college:
- | <u>Name</u> | <u>College</u> |
|-------------|----------------|
| _____       | _____          |
| _____       | _____          |
4. If there are other dependents living with your family, state the relationship of each.  
\_\_\_\_\_  
\_\_\_\_\_
5. What college do you plan to attend? \_\_\_\_\_  
Have you been notified of acceptance? \_\_\_\_\_
6. List honors you have received (special recognition).  
\_\_\_\_\_  
\_\_\_\_\_
7. If you have already earned a scholarship, state the name of it or the organization presenting it and the value of the scholarship.  
\_\_\_\_\_  
\_\_\_\_\_
8. Extracurricular activities \_\_\_\_\_  
School Related \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Offices Held \_\_\_\_\_  
Community Related \_\_\_\_\_

**\*\*Please fill out the Volunteer Hours Log included with this scholarship application**

9. Work Experience

<u>Place of Employment</u>	<u>Name of Employer</u>	<u>Dates of Employment</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

10. Give names and addresses of three (3) references. At least one must be a classroom teacher. Please request them to write letters concerning your qualifications as they pertain to this scholarship, **form letters will be accepted** and all **letters must be signed** and sent to **Nicole Gall in Room 120 at NIAGARA FALLS HIGH SCHOOL Scholarship Selection Committee, 4455 Porter Road Niagara Falls, New York 14305** or to **NIAGARA FALLS TEACHERS SCHOLARSHIP SELECTION COMMITTEE 800 MAIN STREET SUITE 1A NIAGARA FALLS, NY 14301**

11. Please include with your application a letter from the University/College that you will be attending stating that you are enrolled in a course of study to be a TRADESMAN.

12. Please attach a transcript of your high school grades, 9-12.

13. On a separate sheet, IN YOUR OWN HANDWRITING OR TYPED, please write an essay of a minimum of 250 words on the following topic:

Pick an experience from your own life, either positive or negative, and explain how it has influenced your choice to pursue a career in the field of education.

14. This application must be returned on or before Monday, April 15, 2024 to **Nicole Gall in Room 120 at NIAGARA FALLS HIGH SCHOOL Scholarship Selection Committee, 4455 Porter Road Niagara Falls, New York 14305** or to **NIAGARA FALLS TEACHERS SCHOLARSHIP SELECTION COMMITTEE 800 MAIN STREET SUITE 1A NIAGARA FALLS, NY 14301**

Applications are to be placed in a sealed envelope bearing the name of the applicant and addressed to **Nicole Gall in Room 120 at NIAGARA FALLS HIGH SCHOOL Scholarship Selection Committee, 4455 Porter Road Niagara Falls, New York 14305** or to **NIAGARA FALLS TEACHERS SCHOLARSHIP SELECTION COMMITTEE 800 MAIN STREET SUITE 1A NIAGARA FALLS, NY 14301**

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# NIAGARA FALLS TEACHERS SCHOLARSHIP 2023/24

## VOLUNTEER HOURS LOG

**(PLEASE FILL OUT TO THE BEST OF YOUR RECOLLECTION)**

## VOLUNTEER ACTIVITY

## ORGANIZATION

**DATE(S)/HOURS**

### Explanation of

[illegible]

**PLEASE NOTE:**  
**THIS SECTION IS TO BE COMPLETED BY COUNSELOR**

**SCHOLARSHIP APPLICATION  
FORM  
TO BE COMPLETED BY  
COUSELOR**

NAME OF APPLICANT \_\_\_\_\_

RANK IN CLASS \_\_\_\_\_

TOTAL NUMBER IN

GRADUATING CLASS \_\_\_\_\_

UNWEIGHTED AVERAGE \_\_\_\_\_ WEIGHTED AVERAGE \_\_\_\_\_

AVERAGE IS BASED ON 3 ½ YEARS OF HIGH SCHOOL STUDY.

PLEASE CHECK:

AVERAGE IS BASED ON 3 1/2 YEARS \_\_\_\_\_

SIGNATURE OF

COUNSELOR \_\_\_\_\_

AP CLASSES TAKEN: \_\_\_\_\_

CREDITS: \_\_\_\_\_