

**THE NIAGARA FALLS TEACHERS**  
**800 MAIN STREET SUITE 1A NIAGARA FALLS, NY**  
**14301**  
**716-285-2894**



**MINORITIES IN EDUCATION**  
**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 at the NFHS Student Support Office 120 or to THE NIAGARA FALLS TEACHERS OFFICE.** Check to be sure that your references have been sent in by the deadline.

On or before **April 1, 2025**

Name of Applicant: \_\_\_\_\_

Hone Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

• High School \_\_\_\_\_

• CHECK ONE

\_\_\_\_\_ Black of African American Decent

\_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ Hispanic or Latino

\_\_\_\_\_ Asian

\_\_\_\_\_ Multiracial

\_\_\_\_\_ Native Hawaiian or other Pacific Islander

• Ages of Children living at home (including yourself) \_\_\_\_\_

List brothers and sisters attending college:

Name: \_\_\_\_\_ College \_\_\_\_\_

Name: \_\_\_\_\_ College \_\_\_\_\_

If more than two list on a separate sheet and attach.

- If there are other dependents living with your family, state the relationship of each. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- What college do you plan on attending? \_\_\_\_\_  
Have you been notified of acceptance? \_\_\_\_\_

- List honors you have received (special recognition). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- If you have already earned a scholarship, state the name of it or the organization presenting it and the value of the scholarship. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Extracurricular activities.

School Related: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Offices Held: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Community Related: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

- Work Experience:

Place of Employment, Name of Employer and Dates of Employment

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Give names and addresses of three (3) references. At least one must be a classroom teacher.

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\*\*Please request them to **write letters** concerning your qualifications as they pertain to this scholarship.

All **letters must be signed** and sent to the NIAGARA FALLS TEACHERS, Minorities In Education Scholarship Selection Committee, 800 Main Street 1A, Niagara Falls, NY 14301

Reference letters must be received by NFT no later than 4 P.M. on **April 1, 2025**.

- **Please include with your application a letter from the University/College that you will be attending that you are enrolled in a course of study to become a K-12 teacher.**
- Please attach a transcript of your high school grades 9 – 12.
- On a separate sheet, please **type** 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.

- This application must be returned on or before **April 1, 2025 to Nicole Gall room 120 at NFHS.**

Applications are to be placed in a sealed envelope bearing the name of the applicant and addressed to the NIAGARA FALLS TEACHERS MINORITIES IN EDUCATION SCHOLARSHIP SELECTION COMMITTEE

**PLEASE NOTE**  
**THAT THIS SECTION IS TO BE COMPLETED**  
**BY YOUR SCHOOL COUNSELOR**

Name of Applicant: \_\_\_\_\_

Unweighted Average \_\_\_\_\_ Weighted Average \_\_\_\_\_

Average is based on 3 ½ years of High School Study.

Please check: If average is based on 3 ½ years. \_\_\_\_\_

Signature of Guidance Counselor \_\_\_\_\_

**NIAGARA FALLS TEACHERS SCHOLARSHIP  
VOLUNTEER HOURS LOG**

**Fill out to the best of your recollection**

**Volunteer Activity/**

**Organization**

**Date(s)/hours**

**Explanation of Activity**


Use extra sheet if necessary to list more Volunteer hours