

# 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 April 1, 2025**

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

Place of Employment

Name of Employer

Dates of Employment


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, please write an essay of a minimum of 250 words on the following topic: **Essay can be typed.**

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

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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VOLUNTEER ACTIVITY	ORGANIZATION	DATE(S)/HOURS
Explanation of Activity		

[illegible]

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

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

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 \_\_\_\_\_