

NIAGARA FALLS TEACHERS LOCAL 801 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 Tuesday, April 1, 2025

NAME OF APPLICANT: _____

HOME ADDRESS: _____

PHONE NUMBER: _____

CITY: _____

STATE: _____ ZIP CODE _____

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:

Name

College

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**

Reference letters **must** be received by no later than 4 p.m. on Monday April 1, 2025.

11. Please attach a transcript of your high school grades, 9-12.
12. On a separate sheet, please write an essay of a minimum of 250 words on the following topic: The essay can be **typed**.

Pick an experience from your own life, either positive or negative, and explain how it has influenced your choice and decision for going forward with your educational plans.

13. This application must be **returned on or before Monday, April 1, 2025** 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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**PLEASE NOTE:
THIS SECTION IS TO BE COMPLETED BY YOUR
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 _____

