

The NIAGARA FALLS TEACHERS

800 Main Street Suite 1A

716/285-2894

Niagara Falls, NY 14301

SCHOLARSHIP APPLICATION FORM

All Information Will Be Held Strictly Confidential

Please return your scholarship application, including this cover sheet, in a sealed envelope to the Guidance Office in your school or to **THE NIAGARA FALLS TEACHERS OFFICE**. Check to be sure that your references have been sent by the deadline –

on or before Friday, March 15, 2019

NAME OF APPLICANT: _____

HOME ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

NAMES OF PARENTS OR GUARDIANS: _____

***Please note that this year the applications are due on March 15, 2019 not in April because of the date change for NFT's Award Banquet.**

STUDENT'S NAME

1. High School _____

2. Occupation of Parents (Check here if parent is an 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 _____

9. Work Experience

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

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, **no form letters will be accepted** and all **letters must be signed** and sent to The NIAGARA FALLS TEACHERS, 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 Friday, March 15, 2019.

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

12. On a separate sheet, IN YOUR OWN HANDWRITING, 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 and decision for going forward with your educational plans.

13. This application must be returned on or before Friday, March 15, 2019 to your Guidance Office at Niagara Falls High School or to The Niagara Falls Teachers Office. Applications are to be placed in a sealed envelope bearing the name of the applicant and addressed to the NIAGARA FALLS TEACHERS SCHOLARSHIP SELECTION COMMITTEE.

PLEASE NOTE:
THIS SECTION IS TO BE COMPLETED BY YOUR GUIDANCE COUNSELOR

**SCHOLARSHIP APPLICATION
FORM
TO BE COMPLETED BY
GUIDANCE 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

GUIDANCE COUNSELOR _____