

NEW YORK SCHOOLS INSURANCE RECIPROCAL

333 Earle Ovington Boulevard • Suite 905 • Uniondale, NY 11553-3624 Tel: 516-393-2320 • 800-ISNYSIR • Fax: 516-393-2331 • www.nysir.org

THE CRISTIN ANN BAMBINO MEMORIAL SCHOLARSHIP 2018 APPLICATION FORM

I. <u>CRITERIA</u>

IV.

This scholarship will be awarded to a college-bound special education student from a NYSIR-member school district to reward him or her for working through special challenges to complete high school and obtain acceptance to a college or university. There will be nine scholarship winners. Seven recipients will receive a \$3,000 scholarship on a regional basis, the overall winner will receive a \$5,000 scholarship and the runner-up will receive a \$4,000 scholarship.

Please attach an essay, written by the student, not to exceed 650 words, that answers the following questions:

- What are the student's accomplishments (clubs, athletics, volunteer activities, and academic achievements)?
- Give examples of how the student overcame his or her challenges.
- How can the student serve as a role model for other young people with special challenges?
- What will the student study in college?

II. THIS APPLICATION MUST BE RECEIVED ON OR BEFORE WEDNESDAY, APRIL 4, 2018

Application must be signed by the School Official who manages the district's relationship with NYSIR or by the School Guidance Counselor and sent to Krystel Allen at the address below. Please make sure that your name and high school name are on each page of your essay. (PLEASE TYPE OR PRINT CLEARLY)

III. TO BE COMPLETED BY STUDENT:

Applicant Name:	
Home Address:	
City/State/Zip:	
Name of High School:	
Applicant's Signature	Parent/Guardian Signature & Phone Number
TO BE COMPLETED BY SCHOOL OFFICIAL:	
Name of School District:	
Address of High School:	
City/State/Zip:	
School Official or Guidance Signature	Print Name Here
Title	Phone Number
(OVER)	

Please Mail to: Ms. Krystel Allen, Administrative Assistant NYSIR 333 Earle Ovington Blvd. – Suite 905 Uniondale, NY 11553-3624 NEW YORK SCHOOLS INSURANCE RECIPROCAL



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THE JOSEPH GONCALVES STUDENT HUMANITARIAN SCHOLARSHIP 2018 APPLICATION FORM

I. <u>CRITERIA</u>

This scholarship, one in the amount of \$5,000, the other for \$3,000, will be awarded to a graduating senior from a NYSIR subscriber district who plans to attend college in New York State. Applying students should be able to demonstrate a record of involvement and work for a cause or organization that actively promotes social justice, equal opportunity, relief of human suffering or similar aspirations generally understood to be within the meaning of humanitarian activity. Diversity is encouraged. The scholarship is in honor of NYSIR's former Executive Director, Joseph Goncalves.

Please attach an essay written by the student, not to exceed 650 words, that addresses the following topics:

- His or her experience serving others during their high school careers
- How that service has benefitted others
- What that experience has personally meant to the applicant
- The essay also may include mention of inspirational role models

In addition, submission packages must include evidence of plans to attend college in New York, as well as a letter from the applicant's school counselor, a civic or religious leader or other non-family member who can vouch for the graduating senior's activities and worthiness as a student humanitarian.

II. THIS APPLICATION MUST BE RECEIVED ON OR BEFORE WEDNESDAY, APRIL 4, 2018.

The application must be signed by the School Official who manages the district's relationship with NYSIR or by the School Guidance Counselor, and sent to Krystel Allen at the address below. Please make sure your name and high school name are on each page of the essay. (PLEASE TYPE OR PRINT CLEARLY)

III. TO BE COMPLETED BY STUDENT:

Applicant Name:	
Home Address:	
City/State/Zip:	
Name of High School:	
Applicant's Signature	Parent/Guardian Signature & Phone Number

(OVER)

IV. TO BE COMPLETED BY SCHOOL OFFICIAL:

Name of School District:		
Address of High School:		
City/State/Zip:		
School Official or Guidar	ice Signature	Print Name Here
Title		Phone Number
Please mail to: Ms. Krystel Allen, Administrative Assistant NYSIR 333 Earle Ovington Blvd. Suite 905		

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THE PAUL JENSEN MEMORIAL SCHOLARSHIP 2018 APPLICATION FORM

I. CRITERIA

This scholarship, one in the amount of \$5,000, and other for \$3,000, will be awarded to a student who has demonstrated an inspired imagination and creative aesthetic in his or her school career, and who is seeking an opportunity to attend college. The scholarship is in memory of Paul Jensen, a marketing representative for NYSIR, who passed away in 2006. Paul was a resourceful and inventive man who used found and collected objects to improvise solutions to everyday problems. He was a wood artist, craftsman and enthusiastic amateur boatwright.

Please attach an essay, written by the student, not to exceed 650 words, that addresses the following topics:

- How the student has designed or adapted an existing design for a specific purpose;
- How this design or adaptation was accomplished; and •
- What impact this design has had on the student or others. •

This scholarship is awarded to a student who has demonstrated resourcefulness and ingenuity to overcome a puzzling obstacle they have encountered in their life, with strong consideration given to designs which utilize commonly available or repurposed items. For example, unable to find commercially available tools which met his needs, Paul Jensen built boats in bottles using instruments he designed and constructed himself from materials left over from other projects. Schematics or drawing are not required but may be attached to the essay to help explain the design or adaptation.

Be Practical. Be Creative. Be Original.

П. THIS APPLICATION MUST BE RECEIVED ON OR BEFORE WEDNESDAY, APRIL 4, 2018

Application must be signed by the School Official who manages the district's relationship with NYSIR or by the School Guidance Counselor and sent to Krystel Allen at the address below. Please make sure that your name and high school name are on each page of your essay. (PLEASE TYPE OR PRINT CLEARLY)

III. TO BE COMPLETED BY STUDENT:

IV.

	Applicant Name:	
	Home Address:	
	City/State/Zip:	
	Name of High School:	
	Applicant's Signature	Parent/Guardian Signature & Phone Number
IV.	TO BE COMPLETED BY SCHOOL OFFICIAL:	
	Name of School District :	
	Address of High School:	
	City/State/Zip:	
	School Official or Guidance Signature	Print Name Here
(OVEI	Title	Phone Number

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