



Triangle Shirtwaist Factory Fire Memorial, Inc.

SCHOLARSHIP NOMINATION FORM

Please Type or Print All Information

NOMINEE INFORMATION

NAME _____
STREET ADDRESS _____
CITY, STATE, ZIP _____
EMAIL ADDRESS _____
TELEPHONE _____

GRADUATION MONTH, YEAR _____
INTENDED MAJOR/CONCENTRATION _____
ACADEMIC YEAR: 20__ TO 20__

NOMINATOR INFORMATION

NAME OF SCHOOL OFFICIAL _____ TITLE _____
SCHOOL NAME _____
SCHOOL STREET ADDRESS, CITY, STATE, ZIP _____
OFFICIAL'S EMAIL ADDRESS _____ OFFICIAL'S TELEPHONE _____

TERMS AND CONDITIONS

By submitting this nomination the nominator above hereby certifies that this information is true and correct and the nominee for a Triangle Shirtwaist Factory Fire Memorial Scholarship meets all of the conditions and requirements listed below:

- Is a resident of New York State enrolled in an accredited program in higher education at a New York State public or private institution;
- Is in good academic standing;
- Demonstrates financial need; and
- Is a child/dependent of a parent or guardian who presently receives disability benefit payments pursuant to the New York State Workers' Compensation Law for Permanent Total Disability, Permanent Partial Disability, or Death of a Spouse **(The only acceptable proof for this requirement is an official Decision of the New York State Workers' Compensation Board).**

Triangle Shirtwaist Factory Fire Memorial reserves the right to request additional information to ensure that these conditions and requirements are met. Scholarships are awarded in sole and absolute discretion of the Triangle Shirtwaist Factory Fire Memorial. Payment is made to the institution "for the benefit" of the Nominee.

SUBMISSION

I hereby certify that this information is true and correct and that the nominee for a Triangle Scholarship meets the conditions and requirements listed above.

SIGNATURE OF NOMINATOR

DATE

Send all the above materials as a single PDF to: EMCCABE@FBRLAW.COM