



# Triangle Shirtwaist Factory Fire Memorial, Inc.

## SCHOLARSHIP NOMINATION FORM

Please Type or Print All Information

### NOMINEE INFORMATION

NAME \_\_\_\_\_

GRADUATION MONTH, YEAR \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

INTENDED MAJOR/CONCENTRATION \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

ACADEMIC YEAR: 20\_\_ TO 20\_\_

EMAIL ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

### 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 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 \_\_\_\_\_

**Your application will not be reviewed unless the following materials are submitted with this application:**

- Documentation verifying enrollment in a NYS public or private higher education institution.
- The most recent report card or transcript from the academic institution.
- **A copy of the New York State Workers' Compensation Board official decision to verify that the child who is applying for the TSFFM award was found to be an eligible beneficiary in a death case OR the child of a worker who is receiving benefits for permanent total or permanent partial disability.**

Send all the above materials as a single PDF to: [iwba@caphill.com](mailto:iwba@caphill.com)