

# 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: \_\_\_\_\_

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**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

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10. Give names and addresses of three (3) references. At least one must be a classroom teacher.

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- \*\* 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**

Applications are to be placed in a sealed envelope bearing the name of the applicant and addressed 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 \_\_\_\_\_

VOLUNTEER ACTIVITY	ORGANIZATION	DATE(S)/HOURS
Explanation of Activity		

[illegible]