

FOR OUR EMPLOYEES FOR OUR COMMUNITY FOR THE FUTURE

The Lois & Richard Nicotra Foundation provides support for non-for-profit organizations primarily located in the Borough of Staten Island and aids in the support of higher education for the children and grandchildren of The Nicotra Group, LLC employees.

### **SCHOLARSHIP APPLICATION** INSTRUCTIONS

- 1. The Lois & Richard Nicotra Foundation Scholarship is an annual award in the amount of \$1,000. Applications will be considered within the period in which they are received. **NOTE:** Scholarships awarded in the spring will be applied toward payment of fall semester tuition. Scholarships awarded in the fall will be applied towards the payment of spring semester tuition.
- Entries must be typed or printed clearly in blue or black ink. Consideration is contingent upon acceptance into a recognized higher education institution. Funds will be directed to that institution on your behalf if an award is made.
- Your sponsor must be a <u>current</u> employee of The Nicotra Group, LLC or Nicotra-owned entity at the time your application is received, for more than one year. They must work at that Nicotra Group entity more than 20 hours per week.
- All sections of the application must be completed in full with the following attached:
  - A recommendation letter from a teacher, community leader or employer. Please note this individual must be a non-relative.
  - A copy of your most recent transcript or report card from an educational institution.
  - A recent pay stub from your sponsor; this will verify the status of their employment. Your application will not be processed without this document.
  - A copy of your acceptance letter from the institution you wish to attend.
  - A goals essay. (see Aims & Purposes section)

NOTE: All materials MUST be submitted at the SAME TIME AS THE APPLICATION and MUST be CLEARLY LABELED. Contact us to reapply for future awards.

### **APPLICATIONS & INQUIRIES SHOULD BE DIRECTED TO:**

The Lois & Richard Nicotra Foundation Kristine Garlisi Executive Director

1110 South Avenue Executive Suites at the Gardens Staten Island, New York 10314

Phone: (347) 273-1314 Fax: (347) 273-1450

Email: The Nicotra Foundation@gmail.com



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## **SCHOLARSHIP APPLICATION**

Entries must be typed or printed clearly in blue or black ink. Applicants are encouraged to attach a letter or supporting documentation to highlight need.

**NOTE:** If you have received a previous grant, please attach a letter or other document specifying how the grant was used to achieve the goal specified in your previous application.

Name:		
Permanent Address:		
Date of Birth:		
Home Phone:	Cell Phone:	
Email:	SS#:	
# of older siblings: # of younger siblings:		
Are you a U.S. Citizen?: YES NO		
If NO, Please share your status:		
Are you a Veteran?: YES NO		
Have you applied for other financial aid?: YES NO		
If YES, Please explain:		
Have you been accepted into college?: YES NO  REMINDER: Please attach your college acceptance letter, or a copy of your current schedule if you are matriculated.		
Full Name of Institution (the check will be payable to the name entered on this line):		

CONTACT INFORMATION OF YOUR COLLEGE OR UNIVERSITY'S FINANCIAL AID OFFICE:		
Name:		
Address:		
Phone:		
Email Address:		
FATHER'S INFORMATION		
Name:		
Address:		
Phone:		
Occupation:	Name of Employer:	
MOTHER'S INFORMATION		
Name:		
Address:		
Phone:		
Occupation:	Name of Employer:	
<b>REFERENCES:</b> Please provide two references volunteer coordinator, employer, high school to	s who are not related to you. Examples include your religious leader, eacher, guidance counselor or principal.	
Name:		
Phone:		
Name:		
Phone:		

HIGH SCHOOL:		
Address:		
LIST NAMES AND ADDRESSES OF TWO HIGH SCHOO CONTACT:	L ACADEMIC TEACHERS WHOM WE MAY	
Name:	Subject Area:	
Address:		
Name:	Subject Area:	
Address:		
LIST ALL HIGH SCHOOLS ATTENDED:		
Year Entered: Year Left: Reason	:	
Year Entered: Year Left: Reason	;	
STUDENT ACTIVITIES: List type of activities and extent of participation.		
COMMUNITY ACTIVITIES: List type of activities and extent of participation.		
OTHER ACTIVITIES: List type of activities and extent of participation.		
AIMS AND PURPOSES: Please write response on a separate page in essay form. Essay should be 200-250 words. If I should be the recipient of this scholarship, the funds would be used to help me achieve my goal, which is		
SPONSOR INFORMATION		
Sponsor's Full Name (must be a current employee):		
Nickname (if applicable):		
Daytime Phone: Sponsor's Rela	ationship to the Applicant:	
Department:	_ Number of Years of Employment:	

You must attach a recent pay stub from your sponsor; this will verify the status of their employment Your application will not be processed without this document.

# All materials MUST be submitted at the SAME TIME AS THE APPLICATION and MUST be CLEARLY LABELED.

It is the responsibility of the applicant to confirm that The Lois & Richard Nicotra Foundation received all application materials in a fashion that allows for scholarship support prior to the commencement of the semester.

I hereby give permission for The Lois & Richard Nicotra Foundation to use my image and/or any

Sponsor's Signature:

portion of my application it may select for promotional purposes. I understand that The Foundation requires all applicants for grants to give such permission.

Applicant Signature: \_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_

#### **FOR INTERNAL USE**

- o Application filled out in full and signed.
- o Letter of recommendation.
- o Essay.
- o Transcript or proof of matriculation.
- o Hours/Proof of Employment
- o If reapplication, proof of previous grant use (in form of pictures, press coverage, written statement, etc.)