



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.
2. 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.
3. Your sponsor must be a current 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.
4. **All sections of the application must be completed in full with the following attached:**
 - o A recommendation letter from a teacher, community leader or employer. Please note this individual must be a non-relative.
 - o A copy of your most recent transcript or report card from an educational institution.
 - o A recent pay stub from your sponsor; this will verify the status of their employment. Your application will not be processed without this document.
 - o A copy of your acceptance letter from the institution you wish to attend.
 - o 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 1110 South Avenue
Kristine Garlisi Staten Island, New York 10314
Executive Director

NicotraFoundation@nicotraonline.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: _____ MALE FEMALE

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: _____

REFERENCES: Please provide two references who are not related to you. Examples include your religious leader, volunteer coordinator, employer, high school teacher, guidance counselor or principal.

Name: _____

Phone: _____

Name: _____

Phone: _____

HIGH SCHOOL: _____

Address: _____

LIST NAMES AND ADDRESSES OF TWO HIGH SCHOOL ACADEMIC TEACHERS WHOM WE MAY CONTACT:

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 Relationship 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 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: _____

Sponsor's Signature: _____

FOR INTERNAL USE

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