

# TRIANGLE SHIRTWAIST FACTORY FIRE MEMORIAL, INC. SCHOLARSHIP NOMINATION FORM

## CONDITIONS AND REQUIREMENTS

- All nominations must be submitted by a school official (such as a Financial Aid Officer) of the nominee's institution of attendance, who must certify that the nominee
  - 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 NYS Workers' Compensation Board**).
- TSFFM reserves the right to require additional information to ensure that these conditions and requirements are met. Scholarships are awarded in TSFFM's sole and absolute discretion. Payment is made to the institution "for the benefit" of the Triangle Scholar.

## PLEASE TYPE OR PRINT ALL INFORMATION

_____ Nominee Name	_____ Nominee Address
_____ Nominee email address	Academic Year: 20____ to 20____ Graduation Date: _____ Concentration: _____
_____ Nominee telephone number	
_____ School Name	_____ School Address
_____ Name and Title of School Official	_____ Official's Telephone Number

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\_\_\_\_\_

**Nominations may be sent via email to [RGoldman@bmc-law.com](mailto:RGoldman@bmc-law.com), or**  
TSFFM Scholarship c/o  
Richard M. Goldman, Esq.  
Buckley, Mendleson, Criscione & Quinn, P.C.  
29 Wards Lane  
Albany, NY 12204-2103