



# Triangle Shirtwaist Factory Fire Memorial, Inc.

## SCHOLARSHIP NOMINATION FORM

Please Type or Print All Information

### NOMINEE INFORMATION

NAME

CITY, STATE, ZIP

CITY, STATE, ZIP

EMAIL ADDRESS

TELEPHONE

GRADUATION MONTH, YEAR

INTENDED MAJOR/CONCENTRATION

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

### 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:

- A resident of New York State;
- Enrolled in an accredited program of higher education at a public or private institution;
- In good academic standing;
- Demonstrate financial need;
- Either (1) an injured worker who is receiving benefit payments pursuant to the New York State Workers' Compensation Law for (a) Permanent Total Disability, OR (b) Permanent Partial Disability OR (c) other serious work-related injury that entitled the injured worker to New York State workers' compensation benefits and was also a substantial factor in a successful claim for Social Security Disability benefits; OR (2) the child or dependent of (a) parent or legal guardian who satisfies the foregoing criteria OR (b) is receiving death benefits under the NYS Workers' Compensation Law

**(The only acceptable proof for this requirement is an official Decision of the New York State Workers' Compensation Board and or Social Security Administration).**

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

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