

DO YOU KNOW SOMEONE WHO IS THE CHILD OF A PERMANENTLY INJURED WORKER AND IS LOOKING FOR HELP IN COLLEGE? CHECK OUT THE TRIANGLE SHIRTWAIST FACTORY FIRE MEMORIAL'S SCHOLARSHIP FUND...FILL OUT THE BELOW FORM WITH YOUR FINANCIAL AID OFFICE...CHECK OUT [WWW.TRIANGLEMEMORIAL.ORG](http://www.trianglememorial.org)...FOR ANY QUESTIONS, YOU CAN EMAIL US AT [INFO@MARKHOFFLAW.COM](mailto:info@markhofflaw.com)

TRIANGLE SHIRTWAIST FACTORY FIRE MEMORIAL, INC.

## Scholarship Nomination Form

### CONDITIONS AND REQUIREMENTS:

1. All nominations must be submitted by an official (e.g. Financial Aid Officer) of the nominee's institution of attendance;
2. Nominees must:
  - a. be a child/dependent of a parent or guardian, which parent or guardian presently receives disability benefit payments pursuant to the New York State Workers' Compensation Law for Permanent Total or Permanent Partial Disability or Death of a Spouse;
  - b. be a resident of New York State enrolled in an accredited program in higher education at a New York State public or private institution; and
  - c. be in good academic standing and demonstrate financial need.
3. The nominating official is required to certify that these conditions are met when submitting a nomination.

TSFFM reserves the right to require additional information to insure 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 _____	Class Standing AY 20__-20__ _____
Address _____ _____	Graduation Date _____ Concentration _____
Institution _____ Address _____ _____	Nominator _____ Title _____ Telephone No. _____

I hereby certify that this information is true and correct and that the nominee for a Triangle Scholarship meets the conditions and requirements above-referenced.

\_\_\_\_\_  
*Signature of Nominator*

Date \_\_\_\_\_

### Nominations are to be sent to:

TSFFM  
c/o John Sciortino, Esq.  
Segar & Sciortino  
400 Meridian Centre, Suite 320  
Rochester, New York 14618  
Phone: (585) 475-1100  
Fax: (585) 475-1490

**Nominations are requested ASAP.**