



NEW YORK SCHOOLS INSURANCE RECIPROCAL

333 Earle Ovington Boulevard • Suite 905 • Uniondale, NY 11553-3624

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**THE CRISTIN ANN BAMBINO MEMORIAL SCHOLARSHIP
2020 APPLICATION FORM**

I. CRITERIA

This scholarship will be awarded to a college-bound special education student from a NYSIR-member school district to reward him or her for working through special challenges to complete high school and obtain acceptance to a college or university. There will be nine scholarship winners. Seven recipients will receive a \$3,000 scholarship on a regional basis, the overall winner will receive a \$5,000 scholarship and the runner-up will receive a \$4,000 scholarship.

Please attach an essay, written by the student, not to exceed 650 words, that answers the following questions:

- What are the student’s accomplishments (clubs, athletics, volunteer activities, and academic achievements)?
- Give examples of how the student overcame his or her challenges.
- How can the student serve as a role model for other young people with special challenges?
- What will the student study in college?

II. THIS APPLICATION MUST BE RECEIVED ON OR BEFORE FRIDAY, MARCH 27 , 2020

Application form must be fully completed and signed by the School Official who manages the district’s relationship with NYSIR or by the School Guidance Counselor and sent to Krystal Allen at the address below. Please make sure that your name and high school name are on each page of your essay.

(PLEASE TYPE OR PRINT CLEARLY)

As a condition of the receipt of a scholarship, consent must be given to NYSIR for the use of the scholarship winner’s name, photograph and a story about the scholarship winner in NYSIR advertisements.

III. TO BE COMPLETED BY STUDENT:

Applicant Name: _____

Home Address: _____

City/State/Zip: _____

Name of High School: _____

Applicant’s Signature

Parent/Guardian Signature & Phone Number

IV. **TO BE COMPLETED BY SCHOOL OFFICIAL:**

Name of School District: _____

Address of High School: _____

City/State/Zip: _____

School Official or Guidance Signature

Print Name Here

Title

Phone Number

**Please Mail to: Ms. Krystal Allen, Administrative Assistant
NYSIR
333 Earle Ovington Blvd. – Suite 905
Uniondale, NY 11553-3624**