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 _____ Nominator _____
Address _____ 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.

_____ Date _____
Signature of Nominator

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.