



NEW YORK SCHOOLS INSURANCE RECIPROCAL

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

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THE JOSEPH GONCALVES STUDENT HUMANITARIAN SCHOLARSHIP 2019 APPLICATION FORM

I. CRITERIA

This scholarship, one in the amount of \$5,000, the other for \$3,000, will be awarded to a graduating senior from a NYSIR subscriber district who plans to attend college in New York State. Applying students should be able to demonstrate a record of involvement and work for a cause or organization that actively promotes social justice, equal opportunity, relief of human suffering or similar aspirations generally understood to be within the meaning of humanitarian activity. Diversity is encouraged. The scholarship is in honor of NYSIR's former Executive Director, Joseph Goncalves.

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

- His or her experience serving others during their high school careers
- How that service has benefitted others
- What that experience has personally meant to the applicant
- The essay also may include mention of inspirational role models

In addition, submission packages must include evidence of plans to attend college in New York, as well as a letter from the applicant's school counselor, a civic or religious leader or other non-family member who can vouch for the graduating senior's activities and worthiness as a student humanitarian.

II. THIS APPLICATION MUST BE RECEIVED ON OR BEFORE MONDAY, APRIL 8, 2019.

The application must be 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 your name and high school name are on each page of the 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. Krystel Allen, Administrative Assistant
NYSIR
333 Earle Ovington Blvd.
Suite 905
Uniondale, NY 11553-3624**