



## **NEW YORK SCHOOLS INSURANCE RECIPROCAL**

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### **THE JOSEPH GONCALVES STUDENT HUMANITARIAN SCHOLARSHIP 2024 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, MARCH 11, 2024**

**PLEASE READ CAREFULLY & SEE SUBMISSION GUIDELINE CHANGES ON PAGE 2:**

**Application form must be fully completed and emailed to Krystel Allen at [kallen@nysir.org](mailto:kallen@nysir.org)**  
with supporting documents, if required.

**IMPORTANT:** 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. MUST BE COMPLETED BY STUDENT:**

Student's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Name of School District: \_\_\_\_\_

\_\_\_\_\_  
Guidance Counselor's Name (Print & Sign)

\_\_\_\_\_  
Guidance Counselor's Phone Number

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Phone Number

## Submission Guidelines

### PLEASE READ CAREFULLY

1. Please email all submissions to [kallen@nysir.org](mailto:kallen@nysir.org). If you are unable to email your application, please contact Krystel Allen at 516-393-2320.
2. Please submit your applications in the formats of pdfs or word documents ONLY. DO NOT include links or files such as google docs, dropbox, sharepoint, one drive etc. Your submissions will not be able to be viewed via these links on our system.
3. The application submission deadline is Monday, March 11<sup>th</sup>, 2024. Applications received after the due date will NOT be accepted.
4. All supporting documents must be legible and able to read/view clearly.
5. It is also REQUIRED that your Guidance Counselor(s) and Parent/Guardian sign the application. Make sure to include their contact information.