



**NEW YORK SCHOOLS INSURANCE RECIPROCAL**  
 333 Earle Ovington Boulevard • Suite 905 • Uniondale, NY 11553-3624  
 Tel: 516-393-2320 • 800-ISNYSIR • Fax: 516-393-2331 • www.nysir.org

**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. Krystel Allen, Administrative Assistant  
NYSIR  
333 Earle Ovington Blvd. – Suite 905  
Uniondale, NY 11553-3624**