



THE LOIS & RICHARD  
NICOTRA FOUNDATION

FOR OUR EMPLOYEES · FOR OUR COMMUNITY · FOR OUR FUTURE

## Scholarship Application

The **Lois & Richard Nicotra Foundation** provides support for non-for-profit organizations primarily located in the Borough of Staten Island and aids in the support of higher education for the children and grandchildren of the employees of the Nicotra Group, the Hilton Garden Inn, Staten Island and the Hampton Inn & Suites.

### Scholarship Instructions & Application:

1. Entries must be typed or printed clearly in blue or black ink. Consideration is contingent upon acceptance into a recognized educational institution. Funds will be directed to that institution on your behalf if an award is made.
2. Your sponsor must be a current employee of the Hilton Garden Inn, The Hampton Inn & Suites, The Nicotra Group or Corporate Commons at the time your application is received.
3. **The application must be completed in full with the following attached** – all materials **MUST** be submitted at the same time and clearly labeled:
  - i. A recommendation letter from a teacher, community leader or employer; please note this individual must be a non-relative.
  - ii. A copy of your most recent transcript or report card from an educational institution.
  - iii. You must attach a recent pay stub from your sponsor; this will verify the status of their employment. Your application will not be processed without this document.
  - iv. A copy of your acceptance letter from the institution(s) you wish to attend.
  - v. A Goals Essay (see item 19).

**All materials should be submitted with the application at one time.**

Submissions or questions should be directed to:

Kristine Garlisi  
Executive Director  
The Lois & Richard Nicotra Foundation  
1110 South Avenue  
Executive Suites at the Gardens  
Staten Island, New York 10314  
Phone: (347) 273-1314  
Fax: (347) 273-1450  
Email: [TheNicotraFoundation@gmail.com](mailto:TheNicotraFoundation@gmail.com)



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1. Name

\_\_\_\_\_  
Last First Middle

2. Permanent Address

\_\_\_\_\_  
Street City State Zip Code

3. Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

4. SS # \_\_\_\_\_ 5. Male  Female  # of siblings \_\_\_\_\_ younger \_\_\_\_\_ older

6. Citizen: Yes  No  If not, please share your status: \_\_\_\_\_

7. Veteran: Yes  No

8. Have you applied for any other financial aid?

\_\_\_\_\_

If yes, explain

\_\_\_\_\_

9. Have you been accepted at a college? Yes  No

**Reminder:** Please attach your college of choice's acceptance letter or a copy of your schedule if you are currently matriculated.

If you were not accepted, what was the reason?

\_\_\_\_\_

12. **Father's Information:** Name

\_\_\_\_\_  
Last First

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Occupation \_\_\_\_\_ Name of Employer \_\_\_\_\_

13. **Mother's Information:** Name

\_\_\_\_\_  
Married Maiden First

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Occupation \_\_\_\_\_

Name of Employer \_\_\_\_\_

14. **References:** Please provide two references who are not related to you. Examples include your religious leader, volunteer coordinator, employer, high school teacher, guidance counselor or principal.

1. \_\_\_\_\_

Phone Number: \_\_\_\_\_

2. \_\_\_\_\_

Phone Number: \_\_\_\_\_

15. **High School:** \_\_\_\_\_

Address \_\_\_\_\_

List names and addresses of (2) High School Academic Teachers whom we may contact.  
State their subject area.

1. \_\_\_\_\_

2. \_\_\_\_\_

**List all High Schools attended:**

1. \_\_\_\_\_ Year Entered \_\_\_\_\_ Left \_\_\_\_\_ Reason

2. \_\_\_\_\_ Year Entered \_\_\_\_\_ Left \_\_\_\_\_ Reason

16. **Student Activities**

List type of activities and extent of participation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. **Community Activities**

List type of activities and extent of participation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. **Other Activities**

List type of activities and extent of participation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. **Aims and Purposes:** If I should be the recipient of this scholarship, the funds would be used to help me achieve my goal, which is: (Please write response on a separate page in essay form. Essay should be 200-250 words.)

**20. SPONSOR INFORMATION**

Sponsor's Full Name: **(must be a current employee)**

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Last	Middle	First	Nickname (if applicable)
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Daytime Phone # \_\_\_\_\_ Sponsor's Relationship to the Applicant \_\_\_\_\_

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Sponsor's Signature \_\_\_\_\_

**21. You must attach a recent pay stub from your sponsor; this will verify the status of their employment. Your application will not be processed without this document. All materials should be submitted at one time.**

It is the responsibility of the applicant to confirm that The Lois & Richard Nicotra Foundation receive all application materials in a fashion that allows for scholarship support prior to the commencement of the semester.

**22.** I hereby give permission for The Lois & Richard Nicotra Foundation to use my image and/or any portion of my application it may select for promotional purposes. I understand that The Foundation requires all applicants for grants to give such permission.

Parent/Guardian Signature: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_