



**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  
2025 APPLICATION FORM**

**CRITERIA**

This scholarship will be awarded to a college or technical school-bound special education student with an active IEP or 504 plan 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.  
THE ESSAY MUST INCLUDE A RESPONSE FOR EACH OF THE FOLLOWING QUESTIONS:**

1. Explain the student’s special education challenge(s) by listing and describing what they are.
2. Is the student managed by an IEP or 504 plan?
3. Give examples of how the student overcame his or her challenges.
4. List the student's accomplishments (clubs, athletics, volunteer activities, and academic achievements).
5. How can the student serve as a role model for other young people with special challenges?
6. Which college/technical school is the student planning to attend, and what will the student study?

**THIS APPLICATION MUST BE RECEIVED ON OR BEFORE FRIDAY, MARCH 7, 2025**

**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** 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.

**MUST BE COMPLETED:**

Student’s Name: \_\_\_\_\_

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

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

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

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

\_\_\_\_\_  
Guidance Counselor’s Phone Number

\_\_\_\_\_  
Student’s Name

\_\_\_\_\_  
Parent/Guardian Name & 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 Krystal 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 Friday, March 7<sup>th</sup>, 2025. **Applications received after the due date will NOT be accepted.**
4. Responses are required for each of the six questions on the application form. Essays that do not include responses for all six questions will not be considered.
5. Remember – essays cannot exceed 650-word count.
6. It is also required that your Guidance Counselor(s) and Parent/Guardian sign the application. Make sure to include their contact information.
7. Please note that only the winners of the scholarships are contacted in April.