

# THE “STEPHEN T. DOOLEY COMMUNITY SERVICE” AWARD



## COMMUNITY SERVICE AWARD CRITERIA

Nominee must be a student in good standing at a participating school.

Nominee must have an exemplary record of **VOLUNTEER** service for the betterment of his/her community. This award is not based on grades.

Nominee must be a positive role model.

Nominee will be judged on his/her community service involvement throughout high school.

### **AWARD**

TriCounty IIAA will award two \$1,250 scholarships to a graduating high school senior in the class of 2012 who has and continues to demonstrate a dedication to the community. This award will be in the form of a check sent to the education institution selected by the winner, to be placed in the winner's account.

### **NOMINATIONS:**

Nominations will be solicited from each participating school in the counties of Nassau, Queens and Kings. Applications must be submitted in writing and be mailed to TriCounty IIAA., P.O. Box 316, Albertson, NY 11507-0316 before **February 28, 2012**.

**No faxed, e-mail or applications sent requiring a signature will be accepted.**



**“STEPHEN T. DOOLEY COMMUNITY SERVICE SCHOLARSHIP”  
APPLICATION**

*Please print or type*

Name \_\_\_\_\_ Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Attach a list of “Community Service” activities you participated in during your 4 years of high school showing dates of involvement, number of hours devoted to the activity, special recognition or awards you received for “Community Service” and any other pertinent information you would like to have considered for this scholarship. (*Note: This award is NOT based on grades.*)

What college are you considering for the fall? \_\_\_\_\_

*The following is to be completed by a school authority.*

1. **Participating High School:** Name \_\_\_\_\_

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

2. **Reviewing Party:** Your name and position at the school \_\_\_\_\_

\_\_\_\_\_ Tel No. (Extension, if any) \_\_\_\_\_

3. To the best of your knowledge, is this an accurate representation of the extra curricular activities for this student?

\_\_\_\_\_ *(yes or no)*

\_\_\_\_\_ *Signature*

**All entries must be postmarked before February 28, 2012**

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**\*\*Mail ‘First Class’ to:**

TriCounty Independent Insurance Agents Association  
PO Box 316  
Albertson, NY 11507-0316

**THIS APPLICATION MAY ALSO BE OBTAINED ON THE INTERNET AT:  
[WWW.TRICOUNTYAGENTS.COM](http://WWW.TRICOUNTYAGENTS.COM)**

**For further information call our administration office at 516-621-2209 or  
e-mail: [calvertpc@aol.com](mailto:calvertpc@aol.com)**

**\*\*Any applications that require a signature will NOT be accepted**