



NEW YORK SCHOOLS INSURANCE RECIPROCAL

333 Earle Ovington Boulevard • Suite 905 • Uniondale, NY 11553-3624

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THE PAUL JENSEN MEMORIAL SCHOLARSHIP 2017 APPLICATION FORM

I. CRITERIA

This scholarship, one in the amount of \$5,000, and other for \$3,000, will be awarded to a student who has demonstrated an inspired imagination and creative aesthetic in his or her school career, and who is seeking an opportunity to attend college. The scholarship is in memory of Paul Jensen, a marketing representative for NYSIR, who passed away in 2006. Paul was a resourceful and inventive man who used found and collected objects to improvise solutions to everyday problems. He was a wood artist, craftsman and enthusiastic amateur boatwright.

Please attach an essay, written by the student, not to exceed 650 words, that addresses the following topics:

- How the student has designed or adapted an existing design for a specific purpose;
- How this design or adaptation was accomplished; and
- What impact this design has had on the student or others.

This scholarship is awarded to a student who has demonstrated resourcefulness and ingenuity to overcome a puzzling obstacle they have encountered in their life, with strong consideration given to designs which utilize commonly available or repurposed items. For example, unable to find commercially available tools which met his needs, Paul Jensen built boats in bottles using instruments he designed and constructed himself from materials left over from other projects. Schematics or drawing are not required but may be attached to the essay to help explain the design or adaptation.

Be Practical. Be Creative. Be Original.

II. THIS APPLICATION MUST BE POSTMARKED NO LATER THAN WEDNESDAY, MARCH 29, 2017

Application must be signed by the School Official who manages the district's relationship with NYSIR or by the School Guidance Counselor and sent to Thomas Austin 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)**

III. TO BE COMPLETED BY STUDENT:

Applicant Name: _____

Home Address: _____

City/State/Zip: _____

Name of High School: _____

Applicant's Signature

Parent/Guardian Signature

IV. TO BE COMPLETED BY SCHOOL OFFICIAL:

Name of School District : _____

Address: _____

City/State/Zip: _____

School Official or Guidance Signature

Print Name Here

Title

Phone Number

**Please Mail to: Ms. Krystal Allen, Administrative Assistant
NYSIR
333 Earle Ovington Blvd. – Suite 905
Uniondale, NY 11553-3624**