

BARASCH & MCGARRY CHARITABLE FOUNDATION

September 11th Descendants Scholarship Program

2026 Scholarship Application

About the Program

The Barasch & McGarry Charitable Foundation, Inc. awards scholarships to graduating high school seniors who are descendants of individuals who died from September 11-related illnesses. Each scholarship is paid on the recipient's behalf directly to the accredited college, university, two-year community college, or accredited vocational or trade school at which the recipient is enrolled, and is a one-time award.

In 2026, the Foundation will award up to five (5) scholarships of \$25,000 each.

Deadlines & Submission

Completed applications, including all required attachments, must be received by **July 1, 2026**, to be considered for scholarships to be awarded in Fall 2026. Submit your complete application package to: www.baraschfoundation.org

Applicants will be notified of results by **August 3, 2026**.

Applicants selected to receive a scholarship are required to attend the scholarship award ceremony, which will be held at **3WTC, NY, NY, on September 2, 2026, from 5–7:30 pm**. Each recipient will be awarded three invitations to the event, one for themselves and two for their parents/guardians.

Application Form

Please complete this form and upload the following materials, appropriately labeled, to the foundation's website. Links to shared cloud documents or folders (e.g., Google Docs, DropBox, etc.) will not be reviewed or considered. Please read and follow all documentation submission instructions carefully.

Required Application Materials

Submit all of the following with your application:

- Completed Application Form (this document)
- Current resumé
- Official high school transcript demonstrating a minimum cumulative GPA of 3.5 on a 4.0 scale
- Two letters of recommendation (see Item 5 below)
- Demonstration of financial need (see Item 6)
- Original essay (see Item 8 below)
- Proof of September 11-related Eligible Illness and death (see Item 7 for definition of Eligible Illness and details for two required attachments)

Eligibility Requirements

To be eligible, an applicant must meet all of the following criteria:

1. The applicant is a student who either will graduate or has graduated from high school during the same calendar year in which the scholarship is to be awarded.
2. The applicant is a descendant of an individual whose death was caused or contributed to by a September 11-related Eligible Illness, as demonstrated by required supporting documentation described below.
3. The applicant has been accepted to an accredited college, university, two-year community college, or accredited vocational or trade school at the time the scholarship is awarded.
4. The applicant is not (a) a substantial contributor to the Foundation, (b) a board member, officer, or employee of the Foundation or the Firm, or (c) an ancestor of, descendant of, spouse of, or spouse of a descendant of any individual described in (a) or (b).

You do not need to be represented by Barasch & McGarry, P.C. to apply, and if you are a current or former client, continued representation is not required. Ending your relationship with the firm does not affect your eligibility.

Applications will be reviewed by an Independent Selection Committee without knowledge or consideration of any existing or past attorney-client relationship between the Firm and an applicant or any member of that applicant's family.

SECTION A: APPLICANT INFORMATION

Item 1 — Personal Information

Last Name

First Name

Middle Name

Permanent Home Address

City

State

Zip Code

Country (if outside U.S.)

Email Address

Phone Number

U.S. Social Security Number (if any)

Item 2 — Educational Institution

Name of Institution You Plan to Attend

City

State

Intended Field of Study

Intended Degree (e.g., B.A., B.S., A.A., Certificate, Other)

Will you be attending full time?

Yes

No

Item 3 — Academic Record

Please upload your official high school transcript, which must reflect your current cumulative GPA. If your GPA is calculated on a weighted scale (i.e., not a 4.0 scale), please specify the scale when reporting your GPA below.

Current Cumulative GPA

High School Name

City

State

If you have attended any other educational institution (secondary or higher education), please also indicate the institution, dates of attendance, year of graduation (if applicable), and any academic honors or awards received.

Higher Education Institution Name (If applicable)

Dates of Attendance Month & Year (If applicable)

Year of Graduation & Degree Awarded (If applicable)

Item 4 — Honors, Activities & Community Service

Academic Honors and Special Awards — Please list below.

Activities & Community Service (Last Two Years) — List organizations, dates, and a brief description of your involvement.

Organization / Activity	Dates	Description of Involvement

Item 5 — Letters of Recommendation

Please provide two letters of recommendation from individuals who can speak to your academic ability, character, or community involvement. Letters must be written by a teacher, school counselor, coach, clergy member, community leader, or other non-family adult who knows you well. Letters from family members will not be accepted.

Letters should be submitted via email directly to **info@baraschfoundation.org** by each recommender from the recommender's official or personal email address by **June 30 at 11:59 PM**. The subject line should include the applicant's first and last name, followed by "Letter of Recommendation" — e.g. "John Doe/Ltr of Recommendation"

Please list your recommenders' contact information below.

Reference 1

Name Title

Organization / School

Email Phone

Relationship to Applicant

Reference 2

Name Title

Organization / School

Email Phone

Relationship to Applicant

Item 6 — Financial Need

To demonstrate your financial need, please do **one** of the following:

- a. Upload a copy of your Student Aid Report from the Department of Education (or any equivalent documentation provided by your country of citizenship), **or**
- b. Complete the below fields, to the best of your ability, regarding your financial status.

Your annual income (include spouse's income if married):

Number of children you have:

Will you work during the academic year? If yes, how many hours per week?

Annual household income (parents/guardians):

Estimated Expenses — Coming Academic Year	Amount	Estimated Resources — Coming Academic Year	Amount
Tuition and fees		Your earnings	
Books and supplies		Spouse's earnings	
Room and board		Familial support	
Transportation		Savings	
Insurance		Other scholarships or grants	
Other (list)		Financial aid (federal, state, institutional)	
Total		Total	

Item 7 — September 11th Eligibility Documentation

You must upload documentation establishing the following:

1. That the deceased suffered from a September 11-related Eligible Illness*, as evidenced by either: (a) certification from the World Trade Center Health Program (WTCHP), OR (b) a finding of eligibility of the illness by the September 11th Victim Compensation Fund (VCF); **and**
2. That the same September 11-related Eligible Illness caused or contributed to the deceased death, evidenced by either (a) the Eligible Illness appearing as one of the causes or contributing factors to the death on the deceased's official death certificate, OR (b) a finding by the September 11th Victim Compensation Fund that the September 11-related Eligible Illness caused/contributed to the cause of death.

** An Eligible Illness includes a physical illness or disease fitting these requirements. Please note that mental health conditions, including PTSD, are **not** eligible illnesses for purposes of this application, even if certified by the WTCHP.*

Item 8 — Essay

Essay Prompt

As we approach the 25th anniversary of the September 11th Attacks, a new generation is coming of age. Today's high school seniors were not yet born when the events of that day transpired. Yet for many families, the impact of 9/11 did not end in 2001. In the years that followed, thousands of rescue, recovery, and community members developed serious illnesses linked to their exposure at the World Trade Center exposure zone and related sites.

For descendants who have lost a loved one to a 9/11-related illness, the legacy of that day is both historical and deeply personal. You belong to the first generation carrying forward the memory of 9/11 not through firsthand experience, but through family stories, sacrifice, resilience, and the life of the loved one you lost.

In this 25th anniversary year, we recognize that your generation will help shape how the story and lessons of 9/11 are remembered in the future.

How has growing up in the shadow of a 9/11-related illness shaped your values, goals, and understanding of resilience, service, and community? How do you see yourself and your generation carrying these forward while honoring your loved one's legacy?

Formatting requirements:

- Length: 500–750 words
- Font: Times New Roman, 12pt

This essay must be your own original work. The use of artificial intelligence tools to draft, generate, or substantially revise your submission is **not permitted** and will result in disqualification from consideration.

Please include the following certification and your signature at the end of your essay:

"I certify that this essay was written entirely by me and does not contain material generated by artificial intelligence."

Upload your essay as a separate document.

Item 9 — Relationship to the Deceased

Name of Deceased

Your relationship to deceased

First Responder or Survivor

If a first responder: What department, union, or other organization were they part of on 9/11/01? If they were not part of a department or union, explain their first responder status.

If a survivor: Did they live, work, or go to school in the Victim Compensation Fund's exposure zone (south of Canal Street)? If so, where?

What was the deceased's 9/11-related illness?

Was the illness certified by the World Trade Center Health Program?	Yes	No
If not certified: Was the illness found eligible by the Victim Compensation Fund?	Yes	No
Is the 9/11 illness listed as a cause or contributing cause of death on the death certificate?	Yes	No
If no: Did the Victim Compensation Fund find the 9/11 illness eligible as a cause of death?	Yes	No

SECTION B: CERTIFICATION

I hereby certify that all information contained in this application is true, accurate, and complete to the best of my knowledge. I authorize the Barasch & McGarry Charitable Foundation, Inc. to verify any information I have submitted and to use that information in evaluating my application.

I understand that if I am selected to receive a scholarship, the award will be paid directly to the educational institution at which I am or will be enrolled as a student. I authorize the institution to release information regarding my enrollment to the Foundation upon request.

I hereby certify that I am not (a) a substantial contributor to the Barasch & McGarry Charitable Foundation, Inc. (b) a board member, officer, or employee of the Foundation or Barasch & McGarry, P.C., or (c) an ancestor of, descendant of, spouse of, or spouse of a descendant of any individual described in (a) or (b).

I understand that if any information submitted in this application is found to be untrue, inaccurate, or incomplete, or if scholarship funds are not used for their intended purpose, I may be subject to forfeiture of the award, including recovery of amounts already paid, and I agree to return all such amounts.

I hereby grant permission to publicize receipt of the scholarship if my application is selected, including photographs or other images in connection with such publication. Should I be selected to receive the award, I understand that my participation and attendance at the scholarship award ceremony (held at 3WTC, NY, NY, on September 2, 2026, from 5–7:30 pm) is mandatory.

Applicant Signature

Date

Printed Name
