

**John Bellino Charitable Foundation  
Scholarship Award Application – 2024**

Date \_\_\_\_\_ School Name \_\_\_\_\_

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

Student's Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

I plan to pursue a career in the \_\_\_\_\_ field

I plan to use the scholarship money for \_\_\_\_\_

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

Please share some information about yourself and explain why you believe you should be considered for this scholarship. Provide instances where you have exhibited good citizenship and strong character. Use a separate piece of paper if necessary.

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**Applications and references must be received by – April 5, 2024**

\_\_\_\_\_  
Student's Signature

Mail to: Kris Bellino  
10 Sierra Court  
Methuen, MA 01844