

SCHOLARHIP APPLICATION

Applicant’s Name Date of Birth Mailing Address Graduation Date High School Attended Elementary School Attended\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Family Information:

Father’s Name Mother’s Name

Brothers and sisters living at home (name and age)\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Academic Information:

Class Rank if Applicable Grade Point Average SAT M LA Writing Total ACT Composite

1. Athletic / Co-Curricular Information: (List all school related activities for Grades 9 - 12)
2. Community Service Activities: (List all volunteer activities that are not school related)
3. Career Information: You must be accepted at College you plan to attend in order to apply for this scholarship) College or post-secondary institution you plan to attend

1st Choice

2nd Choice Field of Specialization Career Goals\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Cost:

Tuition / Room and Board / or Commuting

1. Financial Information:
	1. Occupation of Father
	2. Occupation of Mother
	3. Do you have a part-time job?

If yes, describe

* 1. Any other ﬁnancial awards and/or scholarships. (Please list)

Award Amount

1. Other Information:

Below provide any information you feel will help the Scholarship Committee evaluate and judge your application.

Essay: Discuss with the committee your reason for applying for this scholarship and how it would assist in meeting your future educational goals. Please type your essay on a separate sheet, 300 words or less.

AFFIDAVIT

I understand and agree that if I should be the recipient of the Nick Gualtieri Memorial Scholarship Award and decide not to pursue an academic program in an educational institution above the secondary level, that I will refund the entire amount of the Award to the N.G. Foundation, Inc. on or before December 31, of this year.

 Signature of Student Signature of Parent/Guardian

 Date Date