



## Sicilian Cultural Association of St. Louis Scholarship Application

Applicant's Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

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

Current High School: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

College/Trade School attending: \_\_\_\_\_

Sponsoring Member (Must be in good standing)

\_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_