



2024 MEMORIAL SCHOLARSHIP APPLICATION

APPLICANT: _____

LAST NAME

FIRST NAME

MIDDLE NAME

DATE OF BIRTH: _____

ADDRESS: _____

NUMBER AND STREET

CITY

STATE

ZIP

PHONE: _____ (HOME) _____ (MOBILE)

EMAIL: _____

ITALIAN FAMILY NAME: _____ (PATERNAL)

_____ (MATERNAL)

NAME OF PARENTS/GUARDIANS: _____

I understand that all information submitted on this application will be kept confidential.

I declare that all information submitted in support of this application is true, correct and complete.

(Applicant's signature and date)

(Parent/Guardian signature and date)

Counselor's signature and date

NAME OF COLLEGE: _____

ADDRESS: _____

ADDRESS OF BURSAR'S OFFICE: _____

COLLEGE SCHOOL ID NUMBER: _____

ARE YOU EMPLOYED?

_____ PART TIME _____ FULL TIME _____ SUMMER ONLY

SIBLING DEPENDENT CHILDREN:

	NAME	AGE	SCHOOL
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

WHAT IS YOUR COLLEGE MAJOR OR VOCATIONAL INTEREST?

WHAT FINANCIAL RESOURCES ARE AVAILABLE TO YOU TO HELP COVER YOUR FIRST YEAR COLLEGE EXPENSES?

ARE THERE ANY UNUSUAL CIRCUMSTANCES NOT COVERED ON THIS APPLICATION THAT YOU WISH TO SHARE WITH THE SCHOLARSHIP COMMITTEE? YES _____
(ATTACH A SEPARATE SHEET)

NO _____

LIST COMMUNITY/CIVIC INVOLVEMENT AND CO-CURRICULAR/EXTRA-CURRICULAR ACTIVITIES: (ATTACH A SEPARATE SHEET IF NEEDED):

- 1.
- 2.
- 3.
- 3.
- 5.

ESSAY: SUBMIT A THREE PART TYPED ESSAY COVERING THE FOLOWING: PART 1 – MY ITALIAN HERITAGE AND WHAT IT MEANS TO ME; PART 2 – WHAT SIGNIFICANT FACTS YOU WOULD LIKE THE SCHOLARSHIP COMMITTEE TO CONSIDER IN EVALUATING YOUR APPLICATION; PART 3 – SPECIFICALLY, HOW WILL THIS SCHOLARSHIP HELP YOU? (THE ESSAY MUST BE AT LEAST 500 WORDS BUT NOT MORE THAN 700 WORDS).

DEADLINES: ALL APPLICATIONS MUST BE SUBMITTED TO YOUR COUNSELOR BY **MARCH 15th**. ALL APPLICATIONS AND THE REQUIRED SUPPORTING DOCUMENTS MUST BE SUBMITTED TO THE SONS AND DAUGHTERS OF ITALY SCHOLARSHIP COMMITTEE **BY YOUR COUNSELOR ON OR BEFORE MARCH 22nd**.

A COMPLETED APPLICATION PACKAGE IS:

1. A SIGNED APPLICATION THAT PROVIDES ALL THE REQUESTED INFORMATION
2. SCHOOL TRANSCRIPT
3. SAT OR ACT SCORES
4. TWO LETTERS OF RECOMMENDATION
5. COUNSELOR'S STATEMENT

THE COMPLETED PACKAGE SHOULD BE **MAILED BY THE COUNSELOR'S OFFICE TO:**

Mrs. Donna Potenza

21 Easton Ave

Ocean Pines, MD 21811

STATEMENT OF GUIDANCE COUNSELOR

Student Name: _____

Student GPA: _____

SAT or ACT Scores: _____

Class Standing: _____

Comments: _____

Counselor's Signature and Date