



## 2026 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?

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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.
- 4.
- 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 25<sup>th</sup>**. 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 APRIL 2<sup>ND</sup>**.

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