Application Number: _____

St. Alfio, Filadelfo, Cirino

Application for Scholarship Award 2017

All information furnished with this application will be held strictly confidential

Scholarship awards shall be granted to properly qualified students regardless of race, creed or lifestyle preference. Applicants must satisfy the following conditions: Be a resident of the Greater Lawrence area, which is comprised of the municipalities of Lawrence, Methuen, Andover and North Andover and/or currently attending any one of the Greater Lawrence High Schools.

To qualify for the Saint Alfio, Filadelfo, and Cirino Scholarship, the applicant must be a member in good standing of the graduating class in the year in which he or she is applying. The applicant must also have been accepted at an accredited school of higher learning.

The award will be based on the following four criteria:

1. ***Scholastic Ability***
2. ***Financial Need***
3. ***Character and Community Involvement***
4. ***School and Outside Activities***

No award shall be made if, in the opinion of the Scholarship Committee, the applicant is not properly qualified.

Except in the case of technical or vocational schools, consideration shall be given only to degree granting colleges approved by the Scholarship Committee and accredited by the State Board of Education of the Commonwealth of Massachusetts or by corresponding agencies of other states.

Should the applicant decide to enter a college other than the one for which the scholarship has been granted, he or she must notify the Scholarship Committee for approval with the name of the new school no later than July 15, of the year in which the scholarship was awarded.

Applications for scholarship awards must be mailed to the designated address provided with this application. The application must be addressed to the attention of the Chairman of the Scholarship Committee and postmarked no later then April 30th of each year.

Applications mailed to the wrong address will not be considered or acted upon.

Instructions

Please read the rules carefully and answer all questions to the best of your ability.

Your application will not be considered and will be returned to you unless the Committee has received all of the following in one (1) envelope, postmarked no later than April 30, of the year in which you are applying.

1. An application form filled out completely.
2. A copy of a W-2 of yourself, father, mother, or guardian supporting you.
3. A copy of your SAT scores and high school transcripts.

Character or reference letters are not required. However, the committee reserves the right to investigate, if necessary, all information at question. Any falsified information shall automatically lead to the disqualification of the applicant.

Applicant Name: _____

Address:_____*City:*_____

Date of Birth: _____ *Place of Birth:* _____

Home Telephone: _____ *Cell:* _____

High School: _____

Father's Name: _____*Father's Address*: _____

Father's Occupation: _____*Employer:* _____

Mother's Name: _____*Mother's Address:* _____

Mother's Occupation: _____*Employer*: _____

Guardian's Occupation:_____*Employer*: _____

If parent is deceased, please state so:_____

Is father or grandfather a present or past member of St. Alfio Society?

[ ] **Yes** [ ] **No** If yes, give name: _____

How is member related to applicant: _____

Address: _____ Tel: _____

I certify that the information contain in this application is true to the best of my knowledge and belief.

Applicant's Signature: _____Date:_____

Application Number: _____

Application for Scholarship Award
Scholarship Committee Consideration Only

1. List the schools that have accepted you.

_____

_____

2. Name the school that you shall attend. _____

3. Field in which you intend to major. _____

4. Cost of first year's tuition. _____

5. Estimated total cost of first year, including tuition. _____

6. Amount of scholarship aid you have received to date. _____

7. Have you applied for or received any other financial assistance or grant.
Yes: _____ No: _____

If answer is yes, please explain: _____

_____

8. Estimated income of your parents or guardian.
(Please *attach copies of all W2 and tax forms of all persons contributing to household)*
Last Year: _____ This Year: _____

9. If there are other children living at home, please complete the following.

Number of Children: _____ Ages: _____

Schools Attending: _____

_____

Total tuition paid by parents, if any: _____

Financial aid from other sources: _____

10. Are there any unusual financial obligations you or your family must meet?

_____

_____

11. Have you ever earned any money yourself during spare time or during vacation?

If so, how much and in what manner? _____

_____

If not, give reasons why. _____

_____

12. List your extra-curricular activities during your high school years.

_____

_____

13. List your out of school activities, such as civic or church activities.

_____

_____

14. List your hobbies.

_____

_____

15. State the reasons why you feel you should receive a scholarship. Explain fully without any personal identification. You may use the lines below or an additional sheet.
(*I feel that I should receive the St. Alfio, Filadelfo and Cirino Scholarship because:)*

_____

_____

_____

_____

_____

Mail completed application to:
Paul A. Blais
Chairman of Scholarship Committee
29 Golden Oaks Drive
Salem, NH 03079
Home 603-893-4211
Cell 603-401-8726