

Application Number: \_\_\_\_\_



St. Alfio, Filadelfo, Cirino

## Application for Scholarship Award 2019

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 than April 30<sup>th</sup> 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.

### ***PLEASE PRINT***

*Applicant Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_ *City:* \_\_\_\_\_

*Date of Birth:* \_\_\_\_\_ *Place of Birth:* \_\_\_\_\_

*Student Email:* \_\_\_\_\_

*Parent Email:* \_\_\_\_\_

*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**

