SCHOLARSHIP APPLICATION FOR

SOUTHBRIDGE ITALIAN-AMERICAN ASSOCIATES SCHOLARSHIP
AND
HENRY AND ELLY PALMERINO MEMORIAL SCHOLARSHIP

THESE SCHOLARSHIPS WILL BE AWARDED TO THOSE STUDENTS OF ITALIAN DESCENT, WITH A SOLID ACADEMIC AND COMMUNITY SERVICE RECORD.
A CHECK IN THE AMOUNT OF ONE THOUSAND DOLLARS ($1,000) WILL BE AWARDED ONCE PROOF OF ATTENDANCE AND COMPLETION OF THE FIRST SEMESTER OF COLLEGE IS PROVIDED. SECOND SEMESTER SCHEDULE SHOULD ALSO BE PROVIDED TO VERIFY CONTINUED ATTENDANCE.

1. AWARD: MINIMUM OF TWO (2) $1,000 SCHOLARSHIPS
2. PURPOSE: TO PAY TUITION OR OTHER EDUCATIONAL EXPENSES BEYOND HIGH SCHOOL
3. SELECTION BY THE COMMITTEE IS BASED ON:
   A. ACADEMIC RECORD
   B. PERSONAL ACHIEVEMENT GOALS
   C. EXTRACURRICULAR AND COMMUNITY INVOLVEMENT
4. A *TRANSCRIPT FROM THE GUIDANCE OFFICE MUST BE INCLUDED WITH THE APPLICATION.*

A P P L I C A T I O N

1. NAME: _____

   (LAST) (FIRST) (MI)

2. ADDRESS: _____
   (STREET) (TOWN)
3. DATE OF BIRTH: _____4. PHONE #_____
5. PARENTS NAMES: _____

   _____
6. ITALIAN DESCENT (NAME/RELATIONSHIP):

   FATHER: _____

   MOTHER: _____
7. WHAT SCHOOL WILL YOU MOST LIKELY ATTEND AFTER GRADUATION:

   SCHOOL: _____START DATE: _____
8. ABSOLUTE REQUIREMENT:
   1. APPLICANT MUST BE OF ITALIAN DESCENT.
   2. A WRITTEN ESSAY INCLUDING ANY SPECIAL NEEDS AND EXTRACURRICULAR ACTIVITIES IN SCHOOL, WORK, CIVIC, CHURCH, ETC. TELL US YOUR SHORT- AND LONG-TERM GOALS. PLEASE SIGN YOUR ESSAY AND ATTACH IT TO THIS APPLICATION.
   3. 2 SIGNED LETTERS OF RECOMMENDATION, EXCLUDING PARENTS OR RELATIVES

9. BY APRIL 1ST, RETURN ALL COMPLETED APPLICATIONS TO YOUR GUIDANCE OFFICE OR BY MAIL TO:
   SCHOLARSHIP COMMITTEE
   SOUTHBRIDGE ITALIAN CLUB
   20 NORTH STREET
   SOUTHBRIDGE, MA 01550