

Applicant's Must Be of Italian Heritage **STUDENT**

Student's Name _____

School _____

Address _____

City _____ Zip _____

Date of Birth _____

Phone Number _____

E MAIL _____

SCHOOL

Extra Curricular Activities

FAMILY

Parent's Name(s) _____

Mother's Maiden Name _____

Father's Occupation _____

Where Employed _____

Mother's Occupation _____

Where Employed _____

Family Income _____

Of Older Siblings _____ # of Younger Siblings _____

COMMUNITY

Extra Curricular Activities

SPECIAL AWARDS & HONORS

FUTURE EDUCATIONAL PLANS

Please attach a 300 word theme on the topic "Why I Need Scholarship Help". This theme may be typed or written clearly in ink.

After completion of all required information, return to your Guidance Counselor or Trumbull County Wolves Scholarship; C/O David Leo; 511 Wellman Ave; Girard, OH 44420

Trumbull County Wolves' Club reserves the authority to request additional documentation as needed.

Incomplete applications will not be considered.

All future communications about this application will be done via e-mail with applicant.

CLASS RANK	
Rank in class	_____
Number in Class	_____
G. P. A.	_____
ACT Score	_____

Additional Comments:

Counselor's Signature _____

DEADLINE: MARCH 7, 2019

A transcript MUST accompany this application.

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