

**Applicants 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 INCLUDING WHAT COLLEGE WILL YOU BE ATTENDING**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 Wolves ACIM Scholarship; C/O David Leo; 511 Wellman Ave;  
Girard, OH 44420

Trumbull County Wolves 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:**

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Counselor's Signature \_\_\_\_\_

**DEADLINE: MARCH 3, 2023**

<b>A transcript <u>MUST</u> accompany this application.</b>	<b>Applicants must be of Italian Heritage</b>
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