



## WOLVES' SCHOLARSHIP APPLICATION

Sponsored by the Wolves' Club of Trumbull County

**Applications must be postmarked by MARCH 6, 2026**

**A transcript must accompany this application.**

Wolves Club scholarships and grants are awarded irrespective of race, color, creed, sex, or age with the only criteria being the applicants financial need, scholarship, character and his or her attainment of a grade average of 2.5 or better.

APPLICANTS NAME \_\_\_\_\_ COLLEGE BOARD SCORES: ACT \_\_\_\_\_ SAT \_\_\_\_\_  
LAST FIRST MIDDLE  
HIGH SCHOOL \_\_\_\_\_ STUDENT CLASS RANK \_\_\_\_\_ OF \_\_\_\_\_ GPA \_\_\_\_\_

COUNSELOR \_\_\_\_\_

STUDENT HOME ADDRESS \_\_\_\_\_ STUDENT E-MAIL ADDRESS \_\_\_\_\_

NUMBER \_\_\_\_\_ STREET \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SEX  MALE  FEMALE

NO

PHONE \_\_\_\_\_

CITIZEN OF U.S.  YES

GIVE NAMES OF COLLEGES WITH WHICH YOU HAVE APPLIED FOR ADMISSION. ACCEPTED?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

PLANNED COURSE OF STUDY IN COLLEGE

HAVE YOU MADE APPLICATION FOR ANY OTHER SCHOLARSHIPS OR RECEIVED ANY? (IF SO, GIVE DETAILS)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

WHAT OTHER OUTSIDE ASSISTANCE HAVE YOU APPLIED FOR? (FULL DETAILS. PLEASE)

1. \_\_\_\_\_
2. \_\_\_\_\_

ARE YOU EMPLOYED? \_\_\_\_\_ PART TIME \_\_\_\_\_ FULL TIME \_\_\_\_\_

WHERE \_\_\_\_\_ AVG. MONTHLY EARNINGS \_\_\_\_\_

WHAT PART HAVE YOU TAKEN IN THE ACTIVITIES OF YOUR SCHOOL, CHURCH, AND COMMUNITY?

STATE IN WHAT POSITION, OFFICE OR MEMBER

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_

TOTAL SIZE OF PARENTS HOUSEHOLD. ( ) NAME AGE SCHOOL OR COLLEGE

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

FAMILY INCOME \_\_\_\_\_

ARE YOU ITALIAN? \_\_\_\_\_

REQUIRED INFORMATION PLEASE READ!

- Please attach a 300-word theme on the topic "WHY I NEED SCHOLARSHIP HELP." This theme may be typed or written in ink.
- Please complete signature and authorization section on application.
- 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**

\* Wolves' Club Reserves the authority to request additional documentation of needed.

SCHOLARSHIP CONDITIONS

As a condition for receipt of my Scholarship from the Wolves' Club, I agree to the following:

- (1) I will maintain a C average throughout my enrollment. To prove this, I will submit grade reports every semester to the Wolves' Club during my Scholarship period.
- (2) I will send a letter to the Wolves' Club every year starting one year from the date of my award letter explaining my educational progress and status.
- (3) I will provide the Wolves' Club with my current address and phone number should it differ from that set forth on my scholarship application within thirty (30) days of any change in my address or phone number.
- (4) I will attend school full time throughout my Scholarship period.
- (5) I will use the scholarship/grant money during the time for which it was awarded, which time is set forth in my award letter.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

CERTIFICATION AND AUTHORIZATION SECTION

This application is subject to the rules and regulations of National Association of the Wolves' Club on Scholarship. The committee reserves the right to interview the applicants. Validity of awards is subject to correctness of information submitted on this form by the applicant.

I (we) declare that this Information report is true, correct and complete and agree to authorize the Wolves' Club access to any document necessary to verify eligibility.

Student \_\_\_\_\_ Date \_\_\_\_\_

Parent \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

All future communications about this application will be via e-mail to the applicant.