

# NEW YORK CONFERENCE OF ITALIAN-AMERICAN STATE LEGISLATORS

## ATHLETIC SCHOLARSHIP

You may apply for this scholarship ONLY if you :

- 1) have demonstrated a grade point average of 85 and over,
- 2) have good conduct and demonstrate the dedication to pursue and complete a higher education degree,
- 3) are active in community service and extracurricular activities,
- 4) are active in organized sport(s)
- 5) can demonstrate financial need.

Name: \_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Alternate Phone Number

Mailing Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code

State Senate Representative: \_\_\_\_\_

State Assembly Representative: \_\_\_\_\_

### **Academic & Achievement Information:**

College or University you will be attending in 2017-2018:

\_\_\_\_\_  
School Name City State

Enrollment status for 2017-2018: \_\_\_\_\_ Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior

Major 2017-2018 \_\_\_\_\_  
(include minor if applicable)

Cumulative GPA \_\_\_\_\_ Expected date of graduation: \_\_\_\_\_

Athletic and Extracurricular Activities: \_\_\_\_\_

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

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## Financial Information:

List all college scholarships and/or financial aid (grants, loans, work study, etc.) you have previously received or are currently receiving:

Scholarship or Financial Aid	Academic Year	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Additional Information:

Please attach the following:

- 1) A brief biography listing honors received, volunteer service activities, clubs, extracurricular activities, etc.
- 2) A brief outline of your athletic achievements.
- 3) A brief outline of your financial need.
- 4) A school transcript indicating your **GPA** (*incoming freshman must provide a high school transcript and college acceptance letter*).

**I have verified my application and understand that it will be disqualified if late, incomplete, inaccurate, or unsigned.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

### FOR STATE CONFERENCE LEGISLATORS OFFICE USE ONLY:

**Date Application Received:** \_\_\_\_\_  
*(Please date stamp)*

**Staff Member's Signature:** \_\_\_\_\_

