NEW YORK CONFERENCE OF ITALIAN-AMERICAN STATE LEGISLATORS

Senator John J. Marchi Memorial
Athletic Scholarship

DUE: APRIL 13, 2018

You may apply for this scholarship <u>ONLY</u> 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 involved in an organized sport(s),
4)   are active in community service and extracurricular activities, and
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:_____ _____

<u>Academic & Achievement Information:</u>

College or University you will be attending in 2018-2019:

_____
School Name   City   State

Enrollment status for 2018-2019:_____Freshman _____ Sophomore _____Junior _____Senior

Major 2018-2019_____
(include minor if applicable)

Cumulative GPA _____   Expected date of graduation: _____

Athletic and Extracurricular Activities:_____

_____

_____

ATHLETIC SCHOLARSHIP

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: _____

Staff Member's Signature: _____