

NEW YORK CONFERENCE OF ITALIAN-AMERICAN STATE LEGISLATORS

Senator John J. Marchi Memorial Athletic Scholarship

DUE APRIL 13th, 2018

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 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: Senator David Carlucci

State Assembly Representative: _____

Academic & Achievement Information:

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)

See Back

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: _____

****NOTE: This application is only for residents of Senator Carlucci's district (NY Senate District 38). Applications must be submitted to one of the addresses below by April 13, 2018.**

Email:

carlucci@nysenate.gov

Subject line: Italian American Scholarship Application

Sen. Carlucci's Offices are open 9:00am-5:00pm:

Rockland Office

20 South Main Street

New City, NY 10956

845-623-3627

Ossining Office

2 Church Street

Ossining, NY 10562

914-941-2041