



SCHOLARSHIP APPLICATION
 SOUTHBRIDGE ITALIAN-AMERICAN ASSOCIATES
 AND
 EUSTACHIO SINNI MEMORIAL SCHOLARSHIP



THIS SCHOLARSHIP WILL BE AWARDED TO THOSE STUDENTS OF ITALIAN DESCENT, WITH A SOLID ACADEMIC AND COMMUNITY SERVICE RECORD.

A CHECK IN THE AMOUNT OF ONE THOUSAND DOLLARS (\$1,000) WILL BE AWARDED ONCE PROOF OF ATTENDANCE IS PROVIDED FROM THE FIRST SEMESTER OF COLLEGE.

1. AWARD: MINIMUM OF TWO (2) \$1,000 SCHOLARSHIPS
2. PURPOSE: TO PAY TUITION OR OTHER EDUCATIONAL EXPENSES BEYOND HIGH SCHOOL
3. SELECTION BY THE COMMITTEE IS BASED ON:
 - A. ACADEMIC RECORD
 - B. PERSONAL ACHIEVEMENT GOALS
 - C. EXTRACURRICULAR AND COMMUNITY INVOLVEMENT
4. A *TRANSCRIPT FROM THE GUIDANCE OFFICE MUST BE INCLUDED WITH THE APPLICATION.*

APPLICATION

1. NAME: _____
 (LAST) (FIRST) (MI)
2. ADDRESS: _____
 (STREET) (TOWN)
3. DATE OF BIRTH: _____ 4. PHONE # _____
5. PARENTS NAMES: _____

6. ITALIAN DESCENT (NAME/RELATIONSHIP):
 FATHER: _____
 MOTHER: _____
7. WHAT SCHOOL WILL YOU MOST LIKELY ATTEND AFTER GRADUATION:
 SCHOOL: _____ START DATE: _____
8. ABSOLUTE REQUIREMENT:
 1. A WRITTEN ESSAY INCLUDING ANY SPECIAL NEEDS AND EXTRACURRICULAR ACTIVITIES IN SCHOOL, WORK, CIVIC, CHURCH, ETC. TELL US YOUR SHORT- AND LONG-TERM GOALS. PLEASE SIGN YOUR ESSAY AND ATTACH IT TO THIS APPLICATION.
 2. 2 SIGNED LETTERS OF RECOMMENDATION, EXCLUDING PARENTS OR RELATIVES
9. RETURN ALL COMPLETED APPLICATIONS TO YOUR GUIDANCE OFFICE OR BY MAIL TO:
 SCHOLARSHIP COMMITTEE
 SOUTHBRIDGE ITALIAN CLUB
 20 NORTH STREET
 SOUTHBRIDGE, MA 01550