

APPLICATION FORM

Rick Vecellio Memorial Scholarship

1. NAME OF APPLICANT _____

2. ADDRESS OF APPLICANT _____

EMAIL ADDRESS _____ City _____ State _____ Zip _____

3. DATE OF BIRTH _____

4. PARENT OR GUARDIAN'S NAME _____

5. PARENT OR GUARDIAN'S OCCUPATION _____

6. NAME OF HIGH SCHOOL YOU EXPECT TO GRADUATE FROM: _____

Date of Graduation: _____ GPA: _____ ACT/SAT Scores: _____

7. ARE YOU THE BENEFICIARY OF ANY OTHER SCHOLARSHIP AWARD? IF SO, WHAT?

8. NAME THE EXTRA-CURRICULAR ACTIVITIES YOU HAVE TAKEN PART IN AT SCHOOL AND OUTSIDE OF SCHOOL?

9. WHAT HONORS HAVE YOU RECEIVED? _____

10. WHAT SPECIAL INTERESTS DO YOU HAVE? _____

11. WHAT ARE YOUR HOBBIES, ACCOMPLISHMENTS, TALENTS, ETC.? _____

12. WHAT SCHOOL DO YOU PLAN TO ATTEND? _____

13. WHAT COURSE OF STUDY DO YOU PLAN TO PURSUE? _____

14. HOW MANY YEARS HAVE YOU BEEN A PART OF THE YOUTH ENVIRONMENTAL PROGRAM? _____

15. WHAT YEP AWARDS HAVE YOU AND/OR YOUR CLUB RECEIVED? _____

16. PLEASE ATTACH A PHOTOGRAPH OF YOURSELF AND PLACE YOUR NAME ON THE BACK OF IT.