# NEW YORK CONFERENCE OF ITALIAN-AMERICAN STATE LEGISLATORS

# Senator John J. Marchi

# Memorial Scholarship

# 2015

# (ATHLETIC)

**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 Kenneth P. LaValle

(Note: This application is only for use if Senator LaValle is your State Senator)

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

**Academic & Achievement Information:**

College or University you will be attending in 2015-2016:

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

School Name City State

Enrollment status for 2015-2016: Freshman Sophomore Junior Senior

Major 2015-2016

 (*include minor if applicable)*

Cumulative GPA Expected date of graduation:

Athletic and Extracurricular Activities:

FOR STATE CONFERENCE LEGISLATORS OFFICE USE ONLY:

Date Application Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Member’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***NOTE: This application is only for use for residents of Senator LaValle’s district***

Please return this application to:

 **Senator Kenneth P. LaValle**

 **Attn: Italian American Conference Scholarship Application**

 28 North Country Road; Suite 203

 Mount Sinai, NY 11766