NEW YORK CONFERENCE OF ITALIAN-AMERICAN STATE LEGISLATORS

Senator John J. Marchi Memorial Athletic Scholarship

DUE MARCH 29th, 2019

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 | Mid | ddle |
| Home Phone Number | | Alternate Phone Number | |
| Mailing Address: | | | |
| | | Street | |
| City St | ate | | Zip Code |
| State Senate Representative |): | | * |
| State Assembly Representa | tive: | | |
| College or University you will I | pe attending in 2 | 018-2019: | * |
| School Name | City | y Sta | nte |
| Enrollment status for 2018-2019 | 9:Freshma | ın Sophomore _ | JuniorSenior |
| Major 2018-2019 | | | |
| Cumulative GPA | Expected date of graduation: | | |
| Athletic and Extracurricular Ac | tivities: | | |
| | | | |
| | See | Back | |

ATHLETIC SCHOLARSHIP

Financial Information:

| | ge scholarships and/or financia | al aid (grants, loans, work study, etc.) you ha | ave previously received | | |
|----------------------|---|---|----------------------------------|--|--|
| Scholarship | or Financial Aid | Academic Year | Amount | | |
| | | | | | |
| | | | | | |
| 7 78.0 | | | | | |
| Additiona | al Information: | | | | |
| Please attach | n the following: | | | | |
| 1) 2) 3) 4) | A brief biography listing honors received, volunteer service activities, clubs, extracurricular activities, etc. A brief outline of your athletic achievements. A brief outline of your financial need. A school transcript indicating your GPA (incoming freshman must provide a high school transcript and college acceptance letter). | | | | |
| I have veri | fied my application and ur | nderstand that it will be disqualified if | late, incomplete, inaccurate, or | | |
| Signature | | Date | | | |
| | | | | | |
| | FOR STATE CO | NFERENCE LEGISLATORS OFFICE U | JSE ONLY: | | |
| Date Applic | cation Received: | | | | |
| Staff Memb | ber's Signature: | | | | |