

DR. HANNAH K. VUOLO MEMORIAL SCHOLARSHIP

APPLICATION FORM

(ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL)

NAME _____

ADDRESS _____
(CITY) (STATE) (ZIP CODE)

DATE OF BIRTH _____ TELE NO. _____ NYS RES Y ___ N ___
(MONTH DAY YEAR)

FATHER'S NAME _____ OCCUPATION & INCOME _____

MOTHER'S NAME _____ OCCUPATION & INCOME _____

NUMBER IN FAMILY AT HOME _____ NUMBER IN COLLEGE IN SEPT. _____

RELATIVE'S NAME WHOM YOU APPLY _____ LIVING : Y ___ N ___

RELATIVE'S POST NAME & ADDRESS _____

COLLEGE WHERE YOU HAVE BEEN ACCEPTED _____

MAJOR COURSE OF STUDY _____

CRITERIA USED TO DETERMINE WINNER

(Please Be Guided By This CRITERIA When Writing Your Letter)

11 Points...Based On Financial Need. Include copy of Federal Income Tax Return For Preceding Year.

10 Points...Based On Academic Record & Class Standing. (Must Be Attested To By School With Copy Of Transcript Including Class Rank & SAT Scores, If Taken.)

9 Points...Based On AMERICANISM Demonstrated By Being A Member Of The Boy/Girl Scouts, Sons Of The American Legion, American Legion Auxiliary/Juniors. Participation In Any American Legion Programs Or Other Activities Pertaining To Americanism.

8 Points...Based On Participation In Projects To Aid Elderly, Needy Or Handicapped.

7 Points...Based On Self Help As Demonstrated By Work Record.

6 Points...Based On Participation In Social, Political, Religious or Athletic Groups Or Programs.

5 Points...Based On Neatness & Correctness Of Your Letter.

4 Points...Based On Being A New York State Resident.

(Revised 6/2005)