

<u>Applicants Must Be of Italian Heritage</u>	STUDENT
Student's Name _____	
School _____	
Address _____	
City _____ Zip _____	
Date of Birth _____	
Phone Number _____	
E MAIL _____	

SCHOOL
Extra Curricular Activities

	FAMILY
Parent's Name(s) _____	
Mother's Maiden Name _____	
Father's Occupation _____	
Where Employed _____	
Mother's Occupation _____	
Where Employed _____	
Family Income _____	
# Of Older Siblings _____ # of Younger Siblings _____	

COMMUNITY
Extra Curricular Activities

SPECIAL AWARDS & HONORS

FUTURE EDUCATIONAL PLANS INCLUDING WHAT COLLEGE WILL YOU BE ATTENDING

Please attach a 300-word theme on the topic “Why I Need Scholarship Help”.
This theme may be typed or written clearly in ink.

After completion of all required information, return to your Guidance Counselor
or Trumbull Wolves ACIM Scholarship; C/O David Leo; 511 Wellman Ave;
Girard, OH 44420

Trumbull County Wolves reserves the authority to request additional
documentation as needed.

Incomplete applications will not be considered.

All future communications about this application will be done via e-mail with
applicant.

CLASS RANK	
Rank in class	_____
Number in Class	_____
G. P. A.	_____
ACT Score	_____

Additional Comments:

Counselor’s Signature _____

DEADLINE: MARCH 1, 2024

A transcript <u>MUST</u> accompany this application.	Applicants must be of Italian Heritage
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