2022 David J. Tacchino Scholarship and Education Grant Application

Date of Application: _____

Student's Name:

_____
Last   First   Middle

Address:

_____
Number & Street   City State Zip Code

Home Phone: _____
Area code – number

Date of Birth: _____   Place of Birth: _____

Is the Applicant a U.S. Citizen or Legal Resident Alien?

Best ACT score: _____

Best combined SAT Score: Best Verbal: _____   Best Math: _____   Total: _____

Graduation Date: _____   Class Rank: _____   Total Number in Class: _____

Have you taken a class in American History?   Yes: _____   No: _____   Grade Received: _____
(Required to receive this scholarship)

Are you a candidate for an Honors Diploma?   Yes: _____   No: _____

Proposed major or collegiate/trade school field(s) of study:

 A: _____   B: _____

Institution (s) of post-high school study. List in order of preferences.

 1. _____   3. _____

 2. _____

List the number of <u>semester</u> classes you have completed in honors courses.

English _____   Math _____   Social Studies _____   Science _____

List the number of <u>semester</u> classes you have completed in elective courses.

Art _____   Foreign Language _____   Home Economics _____   Industrial Arts _____

Music _____   Computer Science _____

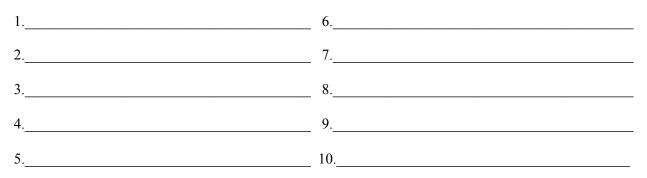# 2022 Scholarship and Education Grant Application

Honors and Awards
Include scholastic, extracurricular and civic honors and awards during grades 9 through 12. State nature of award and grade won: i.e. Girl Scout Gold Award, 12. Please do not abbreviate names of awards.

1._____   9._____

2._____   10._____

3._____   11._____

4._____   12._____

5._____   13._____

6._____   14._____

7._____   15._____

8._____   16._____

Positions of Leadership
State name of organization, position and grade(s). Indicate position held from grades 9 through 12, starting with most recent: i.e. Class President, 12, 11.   Key Club President, 11. Tennis Team Captain, 10

1._____   6._____

2._____   7._____

3._____   8._____

4._____   9._____

5._____   10._____

Activities and Organizations
Include all scholastic, extracurricular and civic organizations that you have participated in during grades 9 through 12, including those listed in the "Positions of Leadership" section above. State name of organization and grades you were involved in, starting with those you participated in for 3 or more years then 2 years then 1 year. (Example: Football, Grades: 9,10,11,12)

Organization	Grades	Organization	Grades

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Employment and Community Service
List jobs you have held. Include baby-sitting and work on a family farm or for a family business, even if
not paid. Please list total hours worked, not average hours per week. You will receive 0 point in this
section if you do not list your hours as indicated

TOTAL HRS.	DATES OF EMPLOYMENT	Type of Work	Name of Employer
	Grand Total Hours of Service		

List volunteer work or community service you have performed **without pay.**

TOTAL HRS.	DATES OF PARTICIPATION	Type of work	Agency or Organization
	Grand Total Hours of Service		

List three teachers or community leaders, name and position, who have written a letter of
recommendation for you. (Attach letters - Letters must be signed and dated, and must not exceed one
page in length)

Spring 20___ Semester Schedule

Period	Course	Teacher	Room No.
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____

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STUDENT ESSAY (Part 1): In the space provided below, briefly state your goals and objectives for continuing your education.

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STUDENT ESSAY (Part 2):   In the space provided below, state what the American Flag means to you.
(Please limit to 200 words or less)

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PROPOSED BUDGET FOR YOUR FIRST YEAR OF HIGHER LEARNING

EXPENSES		INCOME	
Room & Board	$	Employment*	$
Clothing	$	Aid from parents	$
School Supplies	$	Savings	$
Tuition	$	Scholarships	$
Transportation		Other	$
		GRAND TOTAL	$

*Employment means full or part time, including summer jobs.

FINANCIAL STATEMENT - TO BE COMPLETED BY PARENT OR GUARDIAN
(All responses will be held in strict confidence)

Name of Parent(s)
Guardian(s):_____
           Father/Step-Father/Guardian   Mother/Step-Mother/Guardian
Number of other children in family: _____ List ages: _____
Number of other children in college: _____
Does the applicant work? _____ Type of work? _____
Could applicant attend college without financial aid? _____
Father's Occupation: _____
Mother's Occupation: _____

Annual gross parental income (from most recent IRS form 1040): Indicate by checking one of the following:

____ Under $20,000	____ $40,001 to $45,000	____ $70,001 to $80,000
____ $20,001 to $25,000	____ $45,001 to $50,000	____ $80,001 to $90,000
____ $25,001 to $30,000	____ $50,001 to $55,000	____ $90,001 to $100,000
____ $30,001 to $35,000	____ $55,001 to $60,000	____ $100,001 to $120,000
____ $35,001 to $40,000	____ $60,001 to $70,000	____ $120,001 and over

Rent or Own Home: _____ If Own, Market Value of home this year: $_____ (A). Amount of Mortgage Owed: $_____ (B). Home Equity (A-B): $_____ (C). Total other assets (Bank Accounts, Stocks, etc): $_____ (D). Total of net assets: $_____(C&D).

Medical Expenses: Amount of Medical / Dental expenses paid this year that were not covered by insurance: $_____.

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Please add any additional remarks or information about your family financial status which you feel might assist the committee. Attach additional sheets if necessary.

The below-signed certify that all information given within this application is true, complete and correct to the best of their knowledge:

Signature of Applicant;

_____ Date: _____

Signature of Parent(s) or Guardian(s):

_____ Date: _____

_____ Date: _____