



## 2019 SCHOLARSHIP APPLICATION

### DEADLINE

The application deadline is **March 1, 2019**. To be considered by the Selection Committee, a completed application package must be postmarked on or before **March 1, 2019**. See Application Package Summary on page 4 for the requirements of a completed application package. **The Selection Committee will not consider late applications or late attachments.**

### ELIGIBILITY REQUIREMENTS

- Applicants must be legal residents of the Town of Arlington; and
- Applicants must have applied to attend a post-secondary educational institution or program of study for the 2019-2020 academic year. (To receive payment of any scholarship award, the recipient must provide evidence of admission or enrollment in such an institution or program.)

#### I. PERSONAL INFORMATION

Name: \_\_\_\_\_  
(Mr./Ms.)                      First                      Middle                      Last

Home Address: \_\_\_\_\_

Mobile Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_      E-mail: \_\_\_\_\_

*\* Please note that our primary form of communication with you will be via email. To ensure you receive notifications from the Foundation, please add [info@delorenzoscholarship.org](mailto:info@delorenzoscholarship.org) to your email filter's "safe" list. Additionally, if you have provided a mobile phone number, the Foundation may periodically send notifications via text messages.*

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

How long have you lived in Arlington? \_\_\_\_\_

Parent/Guardian #1:  Mother       Father       Legal Guardian

Name: \_\_\_\_\_  
(Mr./Ms.)                      First                      Middle                      Last

Parent/Guardian #2:  Mother       Father       Legal Guardian

Name: \_\_\_\_\_  
(Mr./Ms.)                      First                      Middle                      Last

**II. ACADEMIC INFORMATION**

High School Attended: \_\_\_\_\_ Graduation Date: Mo. \_\_\_\_ Yr. \_\_\_\_

Cumulative Grade Point Average: \_\_\_\_\_

SAT Reasoning Test: Math \_\_\_\_ Evidence-Based Reading and Writing \_\_\_\_

ACT: Single highest composite score \_\_\_\_\_

**Attach a copy of your high school transcript AND  
copies of your SAT and/or ACT printed score report(s).**

Name(s) of post-secondary school(s) to which you have applied:

1. \_\_\_\_\_ Acceptance? \_\_\_\_

2. \_\_\_\_\_ Acceptance? \_\_\_\_

3. \_\_\_\_\_ Acceptance? \_\_\_\_

*(Attach additional sheet, if necessary.)*

Major field of study you plan to pursue (if known): \_\_\_\_\_

**III. PERSONAL EXPERIENCE**

*(Please submit each section on a separate sheet with your name on the top right corner of each sheet.)*

**Extracurricular Experience:** List your primary extracurricular activities in the order of their interest to you. Include dates, an estimate of the time commitment, offices held or major accomplishments and a brief description.

**Community Service:** List your community service and volunteer activities in the order of their interest to you. Include dates, an estimate of the time commitment, offices held or major accomplishments and a brief description.

**Work Experience:** List paid or volunteer employment since the beginning of high school, including the summer. Include the address of the employer, the specific job or duties and the number of hours worked per week.

**Honors and Scholarships:** List any honors or awards, academic or non-academic, you have received during high school. Provide a brief description.

**IV. ESSAY**

Write an essay in response to the prompt below. Your essay should be an original work of not more than 500 words, type-written and double-spaced, with your name on the top right corner of the page(s). Please be sure your essay is written specifically for this application.

Essay Prompt

The information you have provided us in this application has helped paint a picture of you as a student and member of the Arlington community. Tell us something about yourself and any life experiences that have shaped you but which we could not learn from other parts of this application.

**V. FINANCIAL INFORMATION**

Will you be applying for federal student aid? YES/NO

If YES, attach a copy of the Student Aid Report (SAR) of your FAFSA (Free Application for Federal Student Aid) that shows your Expected Family Contribution (EFC) and provide your Expected Family Contribution as shown on the Student Aid Report: \$\_\_\_\_\_.

Important note: If you intend to submit a FAFSA but cannot complete one before the deadline for this scholarship application, you must make separate arrangements to ensure that your EFC is reported to the Foundation prior to the meeting of the Selection Committee. If no EFC is reported at the time the Selection Committee meets, your application will be considered as if you had not applied for federal student aid.

If NO, please be aware that financial need is a significant factor considered by the Selection Committee. If you have financial need but will not be completing a FAFSA, you can explain your circumstances in the "Additional Information" section below.

All information supplied is for the exclusive use of the Selection Committee.

**VI. ADDITIONAL INFORMATION (OPTIONAL)**

Do you have any family, financial or other responsibilities or experiences that the Selection Committee should consider when reviewing your application? If yes, attach explanation on a separate sheet (with your name on the top right corner).

**VII. RECOMMENDATION (OPTIONAL)**

Is there one (1) teacher, administrator, coach, clergy person, employer or other non-family member who knows you well and could write a recommendation letter specific to you and your qualities? If yes, attach that one (1) recommendation letter.

**VIII. CERTIFICATIONS/AUTHORIZATIONS**

*(Please initial in the appropriate space.)*

I authorize my school officials to give additional information about my academic, discipline and attendance records to the Felicia M. DeLorenzo Scholarship Foundation, Inc., upon request.

Yes \_\_\_\_\_ No \_\_\_\_\_

The information presented on this application and on all attachments is complete and true and my own original work.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Application Package Summary**

Your application package should contain the following:

1. *Signed application form. Be sure your name is on the top right corner of every page of the application and attachments.*
2. *School transcript(s).*
3. *SAT/ACT score reports.*
4. *Personal experience sheets. (Section III)*
5. *One (1) Essay. (Section IV)*
6. *FAFSA Student Aid Report.*
7. *Additional Information. (Section VI - Optional)*
8. *Recommendation. (Section VII - Optional)*

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All finalists must be interviewed by the Selection Committee.

Please mail the application package to:

Felicia M. DeLorenzo Scholarship Foundation, Inc.  
c/o Thomas P. Jalkut, Esq.  
Nutter, McClennen & Fish, LLP  
155 Seaport Boulevard  
Boston, MA 02210

[www.delorenzoscholarship.org](http://www.delorenzoscholarship.org)