



National Italian American Sports Hall of Fame

Pittsburgh Chapter

Please print using black pen or type – Entire form must be filled out completely to be eligible for consideration.

All information will remain confidential.

Name of Applicant: _____

Address: _____

Phone: _____ High School: _____ Graduation Date: _____

Athletic Information

Sport(s): _____

Coach: _____ Phone: _____

Coach: _____ Phone: _____

Height: _____ Weight: _____ Position Played: _____

Team record during years that you participated: _____

Outstanding stats or performances by applicant: _____

Athletic References Name and address: _____

Phone: _____ Title: _____

Academic Information

GPA _____ Class Rank _____ Out of _____ SAT Score _____ ACT Score _____

Academic References Name and address _____

Phone: _____ Title: _____

Honors received: _____

Any other pertinent information: _____



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Financial Information

Name of Applicant _____ Date of Birth _____

Address _____ Phone _____

City/State _____ ZIP _____

Applicant lives with: Parents ___ Guardian ___ Father ___ Mother ___

Father Deceased ___ Mother Deceased ___ Separated/Divorced ___

Father's Occupation: _____ Employed by: _____

Age _____

Mother's Occupation: _____ Employed by: _____

Age _____

Number of dependent children living at home: _____

Number in high school (include applicant) ___ Elementary ___

Other dependents: _____

Present Income Information

Estimated 2016 annual income: _____

Please include total income before taxes for both parents (includes Social Security, Pension, Welfare Benefits, Child Support)

Do you own your home? No ___ Rent Amount _____

Yes ___ Purchase Price _____ Present Market Value _____ Unpaid mortgage _____ Utilities _____

Other real estate: Purchase Price _____ Present Market Value _____ Unpaid mortgage _____

Bank account balance: Checking _____ Savings _____

Vehicles owned: Year and Make _____

Annual medical expenses (Include Medical Insurance Premiums, Blue Cross/Blue Shield, etc.)



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Children in School (Include Applicant on the first line):

<u>Name</u>	<u>Age</u>	<u>School</u>	<u>Grade</u>	<u>Tuition</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

List any other scholarships or financial aid already awarded to the applicant or any of the other children:

I/We declare that the information on these pages is true and correct to the best of my/our knowledge.

Father's Signature (or Guardian) _____ **Date:** _____

Mother's Signature (or Guardian) _____ **Date:** _____

Additional Items Required

Please send:

*** High School Transcript**

***2015 Income Tax Return**

***Photo Identification Card (if you are on public assistance)**



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ESSAY

Please use the following space to describe in two paragraphs, the reason why you feel that you are deserving of our scholarship. Please use **ONLY** this page. This information will assist the Scholarship committee in making our decision. Please print (with black pen) or type all information.

Please print (with black pen) or type all information

**Please mail entire form and attachments to:
National Italian American Sports Hall of Fame
Scholarship Committee
481 Glenhaven Dr.
Glenshaw, PA 15116**