



# National Italian American Sports Hall of Fame *Pittsburgh Chapter*

## National Italian American Sports Hall of Fame Scholarship Application Questionnaire

*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 Code \_\_\_\_\_

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 2017 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
- \*2017 Income Tax Return
- \*Photo identification card if you are on public assistance



## 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 by and attachments by January 19, 2019 to:  
National Italian American Sports Hall of Fame  
Scholarship Committee  
P.O. Bo 275  
Glenshaw, Pa 15116**