



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: _____



National Italian American Sports Hall of Fame *Pittsburgh Chapter*

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 2011 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 Information Needed:

***2010 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.

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**Please mail entire form and attachments to:
Mr. John Gaetano 119 Radcliff Drive Pittsburgh, Pa. 15237**