

Mary Zicarelli Memorial Scholarship

PURPOSE

In cooperation with the Education Foundation of Kenosha, the Robert Zicarelli family is sponsoring a \$1,500 renewable scholarship to provide financial assistance to a Kenosha Unified School District student graduating this year who is planning to prepare for a career in school/community activities, public service or related career area. The scholarship may be used only at an accredited institution of higher education located in the United States of America.

ELIGIBILITY

Interested students must be academically capable, display extensive interest and involvement in school and community activities, provide evidence of college acceptance, and a U.S. citizen.

FINANCIAL DATA

The scholarship award amount is \$1,500. It may be renewed up to a maximum of four years. The award is to be used for tuition, fees, and college residential costs and will be issued to the college or university at which the recipient is enrolled.

APPLICATION PROCEDURE

Applications may be obtained from Kenosha Unified high school guidance offices. Completed applications must be submitted by March 15th.

Mary Zicarelli Memorial Scholarship Application

Date of Application _____

Graduation Date _____

I. PERSONAL INFORMATION:

Name _____

Date of Birth _____

Address _____

Telephone _____

Email _____

Father's Name _____

Mother's Name _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Number of Dependent Children in Family _____

Number of Dependent Children in College/Technical School _____

II. EDUCATION INFORMATION:

High School Attended _____

GPA _____ Class Rank _____

List below colleges to which you have applied. In the space at the right, indicate if you have been accepted.

Name of College

City

State

Accepted

Planned Major: _____

School Achievements/Activities (Attach information):

Volunteerism/Community Service (Attach information):

III. FINANCIAL INFORMATION

Explain how financial assistance will help you to continue your education:

IV. REFERENCES:

List three references

Name

Relationship

Phone

V. OTHER INFORMATION:

1. Attach a current copy of your high school transcript.
2. Attach a one-page (200 words or less) explanation of your future plans and goals.
3. Return application by March 15th to:

**Education Foundation of Kenosha
Attention: Dr. Robert Wells
3600 52nd Street
Kenosha, WI 53144
Phone: 359-6388
Fax: 359-7712**