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: Stacy Busby
3600 52nd Street
Kenosha, WI 53144
Phone: 359-6172
Fax: 359-7672