

Michael Dennis Campana Scholarship

STUDENT APPLICATION FORM

***** IMPORTANT*****

All references are to be mailed or directly delivered to the guidance counselor.

Date of Application: _____

Full Name: _____
(First) (Middle) (Last)

Home Address: _____

Age: _____ Phone: _____ Grade Point Average (GPA): _____

In what extra curricular activities did you participate: (Include both in-school and volunteer activities outside of school):

Did you work during the school year? _____ If yes, how many hours/week? _____

Name of College or University you plan to attend: _____

Have you applied for Admission? _____ Have you been accepted? _____

Intended field of study: _____

SELECTION CRITERIA

Awarded to the most outstanding senior football player for any field of study.

- 1. The student must attach a Personal Statement, which includes their comments on how their field of study relates to this Scholarship.**

Signature of Applicant: _____ Date: _____

PARENT APPLICATION FORM

Name of parent or guardian completing this form: _____

Home Address: _____

Phone: _____

Do you have dependants other then your own family or other extenuating circumstances that should be considered? If Yes, please explain:

Please note below any statements you may wish to make which will assist the Michael Dennis Campana Scholarship Selection Committee in consideration of the applicant:

I hereby certify that the above statements are correct.

Signature of Parent or Guardian: _____ Date: _____

RELEASE OF INFORMATION

I hereby certify that any information needed regarding my scholarship requirements be made available to the Michael Dennis Campana Scholarship Selection Committee.

Signature of Applicant: _____ Date: _____