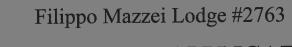


Filippo Mazzei Lodge #2763

SCHOLARSHIP OVERVIEW

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SCHOLARSHIP APPLICATION

THE STATE OF THE S		
City		
†		
Offices/Memberships Held in Class or School Organizations		
Extracurricular Activities		
Community Activities, Offices Held, Awards, etc.		
Work Experience		
Career Plans/College Choice		
The information submitted on this form and attached hereto, h	as been examined by me and l	L. schools
Student's Signature	Date	
Principal's/Counselor's Signature	Date	





FATHER or GUARDIAN:

Name

Address City State____Zip

Home Phone Cell Phone Work Phone

Occupation

MOTHER or GUARDIAN:

Name (include maiden name)

Address City State____Zip

Home Phone Cell Phone Work Phone

Occupation

Explain Any Extraordinary Expenses, Debt or Hardship Circumstances

Why Do You Feel You Should Be Selected?

Please attach a personal statement. Include your Italian descent and any involvement in Italian American activities. (One page, double space limit)