

# 2011 Robert Ficano Hope Foundation Scholarship Application

Name of Applicant: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Name of Counselor: \_\_\_\_\_

Name of Principal: \_\_\_\_\_

## **INSTRUCTIONS:**

- 1) Students fill in Part I.
- 2) Parents complete Part II.
- 3) Counselor complete Part III.
- 4) **Application must be returned to the Counselor/Principal by 3/4/2011**
- 5) **Application must be received in the office of the Robert Ficano Hope Foundation by no later than 3/11/2011**
- 6) Committee considers all applicants and determines recipients.

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## **REQUIREMENTS:**

- Student **must be** a Wayne County resident.
- Student **must attend** a high school in Wayne County
- Scholarship amount is \$500.
- 3.0 GPA.
- Student will be attending a 2 or 4 year College, University, or Trade School.
- Merit based; leadership, extra-curricular involvement, community service, school or faith based involvement.

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**NO APPLICATION WILL BE ACCEPTED OR CONSIDERED UNLESS STUDENT MEETS ABOVE REQUIREMENTS. APPLICATION MUST BE COMPLETED IN ITS ENTIRETY, INCLUDING ALL ATTACHMENTS AND REQUIRED SIGNATURES BY MARCH 11, 2011**

**SUBMISSION CHECK LIST: (If any of the below required documents are not attached, application is considered ineligible.**

- Attach transcript.
- Attach 200 word statement.
- Attach Page 1 of Parent or Guardian's 2010 (or most current year filed) U.S. Individual Tax Return (Form 1040).
- Attach letter of recommendation from at least two (2) teachers.
- Required Signatures: Student, Parent/Guardian, Counselor and Principal.
- Include Original plus 2 copies of the entire application.

**DEADLINE FOR SUBMISSION TO ROBERT FICANO HOPE FOUNDATION:**

**MUST BE RECEIVED BY March 11, 2011**

**NO EXCEPTIONS**

**ANY APPLICATION SUBMITTED AFTER THE DUE DATE OR ANY APPLICATION THAT DOES NOT HAVE THE REQUIRED ATTACHMENTS WILL BE DISQUALIFIED.**

**Robert Ficano Hope Foundation  
Scholarship Application 2011**

**Part I: To be completed by student**

Name \_\_\_\_\_  
Last First

Name of High School: \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY Cell Phone Email

Name of Parent or Guardian \_\_\_\_\_  
Last First

Address of Parent or Guardian \_\_\_\_\_  
Street City/State/Zip

Home Phone Work Phone Cell Phone Email

Counselor's Name \_\_\_\_\_  
Last First

Counselor's Contact Information \_\_\_\_\_  
Office Phone Email

Please list all colleges, technical schools, private schools or trade schools from which you have been accepted:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Planned area of study: \_\_\_\_\_

List school activities, offices held, honors received, etc.:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List community, church or work activities:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

High School Graduation Date: \_\_\_\_\_

**ATTACH BRIEF (200 WORDS) STATEMENT ABOUT YOURSELF—INCLUDE YOUR FUTURE GOALS AND WHY YOU WANT THE SCHOLARSHIP.**

Student Name \_\_\_\_\_  
Print Name Signature

