2011 Robert Ficano Hope Foundation Scholarship Application

Na	ame of Applicant:	
Na	ame of High School:	
Na	ame of Counselor:	
Na	ame of Principal:	
<u>INSTR</u>	UCTIONS:	
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.

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.

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.

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Part I: To be completed by student

Planned area of study:	
lame of Parent or Guardian	First City/State/Zip Email First Email Ema
Itest Indexess of Parent or Guardian Street Home Phone Work Phone Cell Phone ounselor's Name Itest Ounselor's Contact Information Office Phone Iease list all colleges, technical schools, private schools or trade schools from Image: Street	City/State/Zip Email First Email om which you have been accepted:
Itest Inderess of Parent or Guardian Street Home Phone Work Phone Counselor's Name Inderess Contact Information Office Phone Iease list all colleges, technical schools, private schools or trade schools from Iease list all colleges, technical schools, private schools or trade schools from Iease list all colleges, technical schools, private schools or trade schools from Iease list all colleges, technical schools, private schools or trade schools from Iease list all colleges, technical schools, private schools or trade schools from Iease list all colleges, technical schools, private schools or trade schools from Iease list all colleges, technical schools, private schools or trade schools from Iease list all colleges, technical schools, private schools or trade schools from Iease list all colleges, technical schools, private schools or trade schools from Iease list all colleges, technical schools, private schools or trade schools from Iease list all colleges, technical schools, private schools or trade schools from Iease list all colleges, technical schools, private schools or trade schools from Iease list all colleges, technical schools, private schools or trade schools from Iease list all colleges, technical schools, private schools from Iease list all colleges, techn	City/State/Zip Email First Email om which you have been accepted:
Street Home Phone Work Phone Cell Phone Counselor's Name	Email
Counselor's Name	First Email
Last Counselor's Contact Information	Email Dom which you have been accepted:
Last Counselor's Contact Information	Email
Office Phone Please list all colleges, technical schools, private schools or trade schools fro	om which you have been accepted:
Planned area of study:	
ist school activities, offices held, honors received, etc.:	
List community, church or work activities:	
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	· ·
High School Graduation Date:	
ATTACH BRIEF (200 WORDS) STATEMENT ABOUT YOURS	

Student Name

Print Name

Signature

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Part II: To be completed by parents or guardian

(The committee for determining scholarship recipients treats the following information confidentially.)

Number of children in family	nily: Number of children living at home:					
Number of children in colleg	e, tech school, pr	ivate school or	trade school in Fall,	2011:		
Parent or Guardian Employr	nent Information					
Mother's Occupation	n	I	Pather's Occupation	Guar	rdian's Occupation	
Family income: REQUIREMEN	T: Attach 1 st page only o	of U. S. Individual Ta	x Return Form 1040 for mos	t current year filed taxes)		
Approximate Family Inco	me for 2009	nate Family Income for 2010				
Please list any other scholars	nip/grant/MET o	or financial aid	you've received.			
Please provide the Committe	e with any additio	onal informatio	n you deem necessat	y that might assist in	our decision.	
Parent/Guardian Name:		Print Name		Signature	e.	
	<u>Part II</u>	I: To be com	pleted by counselo			
GPA C	Class Rank					
Test Scores:	Math		SAT Verbal	Math	_	
National Merit Selection:		State ACT C	Composite:	National AC	Г Composite:	
Score Percentile		Score	Percentile	Score	Percentile	
Counselor comments: please	e include any scho	larships the ap	plicant has received:			
Counselor Name:						
Principal Name:	Print Name Print Name			gnature		
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