

Plymouth County District Board № 54 IAABO Wilbert P. Cingolani Scholarship Application

Complete all five sections of this application form. Type or print legibly in blue or black ink. Submit with a copy of your high school transcript and an acceptance letter from at least one university, college, or post-secondary school to:

Mr. Ronald F. Scarbrough, Jr.

Secretary-Treasurer Board 54 IAABO

23 Crestwood Lane, South Easton, MA 02375

All application materials must be postmarked on or before April 15th.

Eligibility is limited to high school seniors who are sons or daughters of Board 54 IAABO members in good standing for no less than three years.

Scholarship availability and amounts awarded are contingent upon funding.

I. Identification

Name: _____
first last middle initial

Address: _____
number street Apt. No., Unit No., P.O. Box

City/Town ZIP Code

Phone Numbers: _____
home work cell

E-Mail (Optional): _____

Which member of Board 54 IAABO is your parent or legal guardian? _____

II. Academic Information

High School: _____
name location

Approximate Grade Point Average: _____

List the universities, colleges, and postsecondary schools to which you have been accepted. Attach an additional sheet if necessary.

school location

school location

Community Involvement: List your VOLUNTEER service activities such as civic organizations, church work, youth work, etc. List only activities for which you DID NOT receive payment. Attach an additional sheet if necessary.

<i>activity</i>	<i>supervisor</i>	<i>years involved</i>
<i>activity</i>	<i>supervisor</i>	<i>years involved</i>
<i>activity</i>	<i>supervisor</i>	<i>years involved</i>
<i>activity</i>	<i>supervisor</i>	<i>years involved</i>

If you have no record of leadership or service at your high school or in the community, it would be to your advantage to explain why in a personal statement attached to this application.

Employment: List all PAID POSITIONS you have held since entering high school. Attach an additional sheet if necessary.

<i>employer and location</i>	<i>supervisor</i>	<i>hours per week</i>	<i>dates</i>
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<i>employer and location</i>	<i>supervisor</i>	<i>hours per week</i>	<i>dates</i>

If there is anything else you would like the selection committee to know about you, feel free to provide additional information on the lines below. Attach an additional sheet if necessary.

IV. References

Please provide the names of three people who can attest to your personal qualities and the information you have furnished in this application. References should NOT be family members or relatives.

Name: _____
first last middle initial

Address: _____
number street Apt. No., Unit No., P.O. Box

_____ *City/Town ZIP Code*

Phone: _____
home work cell

How do you know this person? _____ **How long have you known this person?** _____

Name: _____
first last middle initial

Address: _____
number street Apt. No., Unit No., P.O. Box

_____ *City/Town ZIP Code*

Phone: _____
home work cell

How do you know this person? _____ **How long have you known this person?** _____

Name: _____
first last middle initial

Address: _____
number street Apt. No., Unit No., P.O. Box

_____ *City/Town ZIP Code*

Phone: _____
home work cell

How do you know this person? _____ **How long have you known this person?** _____

V. Affidavit

By my signature, I hereby affirm that all information furnished in this application is true and complete and that Board 54 IAABO has my permission to verify its accuracy if needed.

I also affirm that scholarship funds awarded to me under this application will be applied solely to my post-secondary education, and that failure to do so will result in forfeiture of awarded funds and/or disciplinary action taken against the board member named in Section I of this application.

Signature: _____ Date: _____