

Albright Living
Carmela Lolli Memorial Scholarship

Name _____ Date _____

Home address: _____

Phone number: _____

4 Year Cumulative GPA: _____

Career you plan to pursue: _____

(You may use a separate sheet of paper to answer the following brief questions)

1. Tell us about yourself
2. What's your greatest strength?
3. What's your biggest weakness?
4. Why do you deserve this scholarship?
5. Where do you see yourself in 5 years.
6. Who is your role model, and why?

*Attach an ESSAY about: What legacy do you want people to remember about you after you're gone?

*Please list any special recognition while attending high school

*Please submit 2 letters of recommendation (1 teacher) (1 community/personal)

*List below any other financial aid you know you will be receiving

Upon completion of you application and essay, please return to the guidance office by **March 20, 2020.**

Please read the following statement and provide the indicated signatures: *I certify that the information in this application to be true and complete to the best of my knowledge. I understand that this award will be payable following notification to the Alliance Education Association of successful completion of the first term (at least a 3.0 average on a 4.0 scale).*

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Counselor Signature _____ Date _____