

Societa' Val Trebbia e Val Nure, Inc.
P.O. Box 1893 G.P.O
Brooklyn, NY 11202
SCHOLARSHIP APPLICATION

Date _____

Applicant's Name _____

Address _____

(street)

(city)

(state)

(zip)

(phone)

Father's name _____

Mother's name _____

(include maiden name)

Briefly trace ancestry to towns of origin _____

Applicant's annual income: \$5,000 or less _____ \$5,001 to \$10,000 _____

 \$10,001 to 15,000 _____ \$15,001 or more _____

Parents' annual income \$15,000 or less _____ \$15,001 to \$20,000 _____

 \$30,001 or more _____

Number of dependents claimed by parents: _____

For each dependent list school enrolled in and annual tuition cost:

List amount and source of financial assistance received

Schools attended:	Address	Date graduated	Rank
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Scholastic honors

received: _____

Extra-curricular

activities: _____

College you will attend and location _____

Additional information to be considered with this
application: _____

By signing this application, you agree to furnish to the trustees annually, proof of enrollment at the college for three consecutive years.

Signature: _____

Please have this form notarized, attach your photo and include a copy of your SAT test results.

State of _____

:SS:

County of _____

_____ being duly sworn deposes and says: that he/she has read the foregoing instrument and knows the contents thereof; that the same is true to the knowledge of deponent except as to the matters there in stated to be alleged upon information and belief, and that as to those matters he/she believes to be true.

Sworn before me

This _____ day of _____ 20____
