

**Application 2017**

**Robert S. Insalaco Financial Scholarship Award**

**David J. Scime Financial Scholarship Award**

These scholarship awards are sponsored by the Italian-American Police Association in memory of two deceased members of our association who were killed in the line of duty; both Robert S. Insalaco, (August 13, 1987) and David J. Scime (September 5, 1974).

It is the hope of our association that through the memory of our fallen brothers, a motivated student may be assisted in the furtherance of his or her college education. These scholarship awards are made available to any senior at any high school in Erie or Niagara County, who meet the established guidelines.

Please fill in all information requested.

**NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **SEX:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**DATE OF HIGH SCHOOL GRADUATION:** \_\_\_\_\_

**COLLEGE ATTENDING:** \_\_\_\_\_

**COLLEGE ADDRESS:** \_\_\_\_\_

**HAVE YOU BEEN ACCEPTED FOR ATTENDANCE IN SEPTEMBER?** \_\_\_\_\_

**TOTAL NUMBER OF CHILDREN IN YOUR FAMILY RESIDING AT HOME:** \_\_\_\_\_

**TOTAL FAMILY INCOME FROM ALL SOURCES (LAST YEAR):** \_\_\_\_\_

**DO ANY OF YOUR BROTHERS OR SISTERS ATTEND COLLEGE:** \_\_\_\_\_

**IF YES, HOW MANY AND WHERE:** \_\_\_\_\_

**WILL YOU BE THE RECIPIENT OF ANY OTHER SCHOLARSHIPS OR AWARDS THIS YEAR:** \_\_\_\_\_

**STATE BRIEFLY ANY CIRCUMSTANCES WHICH MIGHT HAVE SOME INFLUENCE OVER THE COMMITTEE'S FINAL DECISION:** \_\_\_\_\_

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**PLEASE OBTAIN AT LEAST TWO LETTERS OF REFERENCE FROM A HIGH SCHOOL TEACHER OR ADMINISTRATOR, AND SUBMIT THEN WITH YOUR APPLICATION.**

**IF CALLED, WILL YOU BE AVAILABLE FOR AN INTERVIEW BY THE AWARDS COMMITTEE?** \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Rank:** \_\_\_\_\_

**RETURN THIS COMPLETED APPLICATION ALONG WITH A COPY OF YOUR HIGH SCHOOL TRANSCRIPT TO THE ADDRESS LISTED ON THE "GUIDELINES" PAGE.**

