

Application 2024

David J. Scime Financial Scholarship Award

Robert S. Insalaco 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; Erie County Sheriff Robert S. Insalaco, (August 13, 1987) and Buffalo Police Officer 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: _____

COLLEGE PHONE NUMBER: _____

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) CHECK ONE:

Less than \$20k \$20k-\$30k \$30k-\$40k \$40k-\$50k \$50k-\$60k \$60k-\$70k \$70k-\$80k \$80k-\$90k \$90k-\$100k Above 100k

DO ANY OF YOUR BROTHERS OR SISTERS ATTEND COLLEGE: _____

IF YES, HOW MANY AND WHERE: _____

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

PLEASE OBTAIN AT LEAST TWO LETTERS OF REFERENCE FROM A HIGH SCHOOL TEACHER OR ADMINISTRATOR, AND SUBMIT THEM 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.

