

Senator John J. Marchi Memorial Athletic Scholarship

DUE MARCH 29th, 2019

You may apply for this scholarship ONLY if you:

Name: _____

Last

First

Middle

Home Phone Number

Alternate Phone Number

Mailing Address: _____

Street

City

State

Zip Code

State Senate Representative: _____

State Assembly Representative: _____

Academic & Achievement Information:

College or University you will be attending in ~~20~~2020:

School Name

City

State

Enrollment status for 201~~9~~2020: _____ Freshman _____ Sophomore _____ Junior _____ Senior

Major 20192020 _____

(include minor if applicable)

Cumulative GPA _____

Expected date of graduation: _____

Athletic and Extracurricular Activities _____

See Back

ATHLETIC SCHOLARSHIP