

THE MELISSA ANNE CENTRELLA SCHOLARSHIP FOUNDATION

SCHOLARSHIP APPLICATION

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: () _____ Email: _____ (print clearly)

Date of Birth: __/__/____ WGPA/GPA for High School (circle appropriate): _____

Father's name (last, first): _____ Father's occupation: _____

Mother's name (last, first): _____ Mother's occupation: _____

List others residing in the household: age, occupation (if any member is attending some form of higher education, please indicate name of the school)

| Name | Age | Occupation or School |
|------|-----|----------------------|
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Do your parents own their own home? : Yes ___ No ___

Do they have other property?: Yes ___ No ___

Have you applied for financial help (grants, loans, scholarships etc)? : Yes ___ No ___

Indicate amount of financial aid yearly available from the following sources:

- Parents or family _____
- Students current assets (savings, stocks) _____
- Any income you plan to earn this year (to December) _____

If circumstances have created a financial burden for your family, please explain:

Name of College (s) you plan to attend: _____ or Tuition/yr: _____
 _____ Tuition/yr.: _____

Intended Major: _____ or _____

Academic Awards/Honors

| School and Community Activities | Duties | Amount of time for year, semester, month etc |
|---------------------------------|--------|--|
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| Volunteer Work: Name of Entity | Duties | Amount of time for year, semester, month etc |
|--------------------------------|--------|--|
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Essay: Please attach an Essay on a separate sheet. **Essay should focus on why you chose your studies and career. ONE PAGE ONLY (both sides)**

Grades: You must have a 3.0 point average, or better

Transcript of grades must be included

If any information is missing, the application WILL NOT be considered

Student Signature _____ Date _____

Parent's Signature _____ Date _____

Deadline for the Application: April 1st, 2017

Please fill above application and mail it to:

M.A.C.S. Foundation, 120 Quarry Road, Clifton, NJ 07013