



G. Marconi Society

Scholarship Application

Name of Applicant _____

Telephone _____ Email _____

Address _____

Birthdate _____

Highschool _____ Grade _____

Father's Name _____

G. Marconi Society Date of Membership _____

Mother's Name _____

E. Marconi Society Date of Membership _____

I declare that the information given above is true and complete

Student Signature _____ Date _____

Signature of School Official _____

Position _____ Date _____

WHICH UNIVERSITIES AND/OR COLLEGES HAVE YOU APPLIED TO?

WHAT IS YOUR CHOSEN COURSE OF STUDY AND REASONS FOR CHOOSING THIS AREA?

WHAT EXTRA-CURRICULAR ACTIVITIES ARE YOU INVOLVED IN? EXPLAIN HOW YOU BECAME INTERESTED AND WHY YOU ARE INVOLVED IN THESE ACTIVITIES?

EXPLAIN HOBBIES AND OR SPECIAL INTERESTS YOU HAVE OUTSIDE OF SCHOOL. DO ANY OF THESE INVOLVE A LEADERSHIP ROLE?

DESCRIBE ANY ACTIVITIES AND OR PROJECTS RELATED TO THE ITALIAN CULTURE WITH WHICH YOU HAVE BEEN INVOLVED.

DESCRIBE ANY WORK EXPERIENCE: 1/ WHERE YOU HAVE WORKED

2/ JOB RESPONSIBILITIES

3/ LENGTH OF TIME YOU HAVE WORKED

WHAT QUALITIES DESCRIBES A PERSON OF SUCCESS? DESCRIBE

PLEASE INCLUDE ANY ADDITIONAL INFORMATION ABOUT YOURSELF THAT YOU WOULD LIKE TO SHARE

REFERENCES

PLEASE PROVIDE A NAME, ADDRESS AND PHONE NUMBER OF 2 PEOPLE OUTSIDE OF YOUR IMMEDIATE FAMILY. PLEASE INCLUDE ONE TEACHER.

**RETURN COMPLETED APPLICATION TO THE MARCONI EVENTS CENTRE OFFICE
NO LATER THAN MAY 31ST**