

# LEO J. CASTIGLIONI, JR. SCHOLARSHIP

## Application for Graduating Year 2021

High School:	<input type="checkbox"/> Cranston East	<input type="checkbox"/> Cranston West	<input type="checkbox"/> NEL/CPS Construction Career Academy
High School:	<input type="checkbox"/> Other: (Specify) _____		

Applicant's Name: _____	
Address: _____	
City: _____	Zip Code: _____
Telephone: _____ or _____	
Sex: <input type="checkbox"/> Male	<input type="checkbox"/> Female
The Committee is required to include a minimum of one Male and one Female in the selection of Awardees.	

*The following information is to be completed by a High School **Administrator** :*

The applicant is a graduating senior  
and is successfully working to his/her capacity within an academic program of studies.

Yes                       No

The applicant has maintained a positive disciplinary record of Good Citizenship and attendance in high school.

Yes                       No

Optional Comment or Information which should be considered: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Administrator \_\_\_\_\_ Date: \_\_\_\_\_

<b>Scholarship Committee Evaluation</b>			
Date Application received: _____			Sport(s): _____
1. CLCF participation verified:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify: _____ _____ _____
2. All mandatory school criteria fulfilled:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Criteria:			
A. Community Service:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
B. Extracurricular Participation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
C. Achievement/Leadership:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Other Considerations:	A. _____		
	B. _____		
	C. _____		

<b>Scholarship Committee Decision:</b>			
The Applicant will receive the award	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Amount to be awarded:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	
Award for:	<input type="checkbox"/> Tuition	<input type="checkbox"/> Tools	Verification: _____
Scholarship funds distributed to awardee on: _____			

The following information is to be completed by the **Applicant** :

I participated in the following CLCF Sports/Activities:			
Sport/Activity	Year(s)/Season(s)	Division(s)	Coach (or other CLCF personnel)
1			
2			
3			
4			
5			
6			
7			
8			
9			

I participated in the following Sports/Activities in High School:		
Sport/Activity	Year/Season	Coach or Activity Advisor
1		
2		
3		
4		
5		
6		
7		
8		
9		

I have demonstrated Personal Leadership in these Sports/Activities in High School:		
Sport/Activity	Leadership Position	Coach or Activity Advisor
1		
2		
3		
4		
5		
6		
7		
8		
9		

I have been involved in the following Community Service Programs *			
Program	Organization	Years & # Hours	Supervisor or Person in Charge
1			
2			
3			
4			
5			
6			

**\* The Applicant must include a letter of verification from each of the above Organizations.**

The Applicant may attach an additional statement explaining the involvement, duties and responsibilities involved in the above Programs which the Applicant would like the Selection Committee to consider.

Submit completed Application to: *Chairman, Leo J. Castiglioni, Jr. Scholarship Committee, 7 Lakecrest Drive, Warwick RI 02889*

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