

JOE ZERILLA MEMORIAL SCHOLARSHIP

PERSONAL INFORMATION (PLEASE PRINT)

Applicant's Name _____
(First) (Middle) (Last)

Varsity Sport(s) _____

School Activities _____

Community Activities _____

Post-Secondary School Planning To Attend _____

Field of Study _____

Parent/Guardian's Names _____

Applicant's Signature _____

ACADEMIC INFORMATION (To be completed by High School Counselor)

Cumulative High School Grade Point Average _____

Cumulative High School Class Rank _____ in a class of _____

SAT Scores _____ Verbal _____ Math _____ ACT Composite Score _____

Counselor Signature _____ Date _____

COMPLETED APPLICATIONS SHOULD BE RETURNED TO THE GUIDANCE OFFICE

REQUIRED CRITERIA:

1. Demonstrate a commitment to and involvement in athletics in senior year.
2. Ambridge Area High School graduate in 2021
3. Application should be turned in to the guidance office by **MAY 1, 2021**. Counselors will fill out academic information after all applications have been turned in.
4. Parents W-2 should be included to demonstrate financial need.

