PICOZZI FAMILY FOUNDATION HIGH SCHOOL SCHOLARSHIP APPLICATION FORM

Please use this form to apply for scholarship assistance based on merit and in part on financial need. By signing this form, I certify that the information furnished is true and correct, and that all information on this form and submitted as part of this application is true and complete to the best of my knowledge. I understand that I am obligated to notify the Foundation immediately if there is any change in the information provided.

Applicant Name <u>:</u>		SSN:	
Last	First	Middle	
Applicant Address <u>:</u>			
Street	City	State	Zip Code
Birthdate:			
Parental Information – Required	l for both parents reg	gardless of applicant'	's age:
Parents are: \Box Single \Box Ma	arried 🛛 Divorced	I 🗌 Separated	
Parent or Guardian Names:	Occupation	n	Employer
Under \$50,000 \$50,000-\$75,000 \$75,000-\$125,000 \$125,000-\$175,000 Over \$175,000			
Other Scholarships applied for/rec	eived		
All information will be kept stric	tly confidential.		
Signature of Applicant			Date
Signature of Parent/Guardian			Date
* <u>Note</u> : All financial, academic, an Please submit most recen	1	2	

Picozzi Scholarship Application-High School