

LEO J. CASTIGLIONI, JR. SCHOLARSHIP

Application for School Year 2007 - 2008

High School: Cranston East Cranston West

Applicant's Name: _____
 Address: _____
 City: _____ Zip Code: _____
 Telephone: _____ or _____
 Sex: Male 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 the High School **Director of Guidance** :*

The applicant is a graduating senior
 and is successfully working to his/her capacity within an academic program of studies.
 Yes No

Optional Comment or Information which should be considered: _____

Name: _____ Signature: _____ Date: _____

*The following information is to be completed by the High School **Assistant Principal** :*

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: _____ Signature: _____ Date: _____

Scholarship Committee Evaluation

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. _____

Scholarship Committee Decision:

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
Scholarship funds distributed to awardee on:	Verification: _____	

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.