Louis C. Biondi Scholarship Application

Nama						Deta		-
Name						Date		
Street					City			State
Home Pho	ne			Cell Phone			Zip	
Date of Bir	th			Social Sec	curity Numbe	r		
Email Addr	ess							
Name and	address c	of sponsorir	ng parent	or grandpa	ent (If decea	sed, give a	approxin	nate date of death)
Name						Date		
Street					City			State
School atte	anding in t	he fall						
	-		niversity,	professional	or vocationa	l school, d	or consei	rvatory)
Current Hig	gh School				School Offi	ce Phone		
Address						City		
Major area of study you plan to pursue								
List work experience and extracurricular activities								
								ıld describe your
-		-		-	-	-		nation you wish to
share. Have your school send us your current transcript and have three people send us confidential letters of recommendation. This application along with your essay and photo are due February 1 st .								

Complete the from below and send it to the Scholarship Committee by **February 1**st

Send all materials to:

Fratellanza Scholars Inc. c/o Mr. Rich Adams, 2632 Ptarmigan Dr #4, Walnut Creek, CA 94595

Transcripts and letters of recommendation must be received by March 1st.

Signed

Date

Incomplete Applications will not be accepted

Fratellanza Club – revised October 2016