October 13, 2020

Dear Senior Guidance Counselor,

Last Spring the Pittsburgh Chapter of the National Italian American Sports Hall of Fame (NIASHF) awarded individual scholarships of $4,000 each to five very deserving 2020 high school senior student athletes. In the last 33 years, the NIASHF has awarded scholarships to more than 150 Western Pennsylvania high school seniors. We invite you to distribute this to your graduating senior student athletes and encourage them to apply. The criteria for selection are as follows:

1. High academic achievement
2. Financial need
3. Athletic ability at the varsity level
4. Anticipated June 2021 graduation

The NIASHF does not discriminate on the basis of sex, creed, ethnic background, national origin or physical disability.

Please share this application with qualified student/athletes who may be interested in applying for our scholarships. Feel free to make extra copies of this double-sided form, as needed.

**DEADLINE FOR ENTRIES IS JANUARY 13, 2021**

Thank you for your continued support, time and cooperation.

Sincerely,

NIASHF Scholarship Committee
Name of Applicant: __________________________________________

Address: __________________________________ City/State________ Zip Code ______

Home Phone: __________ Applicant Cell Phone __________ Parent Cell Phone __________

Applicant Email Address __________ Parent Email Address __________

High School __________ Graduation Date __________

**Athletic Information:**

Sport(s) __________________________________________________

Coach: __________________________________ Phone( ) __________

Coach: __________________________________ Phone( ) __________

Position(s) Played: __________________________

Team record during years that you participated: ________________

Outstanding stats or performances by applicant: ________________

Athletic References: Name and address: __________________________

Phone ( ) __________________________ Title: __________________________

**Academic Information**

GPA ______ Class Rank ______ Out of ______ SAT Score ______ ACT Score ______

Academic References: Name and address: __________________________

Phone ( ) __________________________ Title: __________________________

Honors Received: __________________________

Any other pertinent information: __________________________

-1-
Financial Information

Name of Applicant_________________________________________Date of Birth_____

Address__________________________________________________Phone(________)________

City/State__________________________________________________Zip Code________

Applicant lives with: Parents______Guardian______Father______Mother____

Father Deceased______Mother Deceased______Separated/Divorced____

Father’s Occupation_____________________________Employed By:____________________________________________________

Mother’s Occupation_____________________________Employed By:____________________________________________________

Number of Dependent Children living at home__________

Number of Dependent Children in High School (include applicant)_____Middle School_____Elementary____

Other Dependents____________________________________________

PRESENT INCOME INFORMATION

Estimated 2019 annual income:________________________________________________________________________________

*Please include total income before taxes for both parents (includes social security, Pension, Welfare Benefits, Child Support*

Do you own your home? No____Rent Amount________

Yes_____Purchase Price______Present Market Value______Unpaid mortgage______Utilities____

Other Real Estate: Purchase Price______Present Market Value______Unpaid mortgage______

Bank Account Balance: Checking_________________Savings________________________________________________________

Vehicles Owned: Year and Make____________________________________________________________

Annual Medical Expenses (Include Medical Insurance Premiums, Blue Cross/Blue Shield, etc.

__________________________________________________________________________________________
Children in School (Include Applicant on the first line):

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<th>Name</th>
<th>Age</th>
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List any other scholarships or financial aid already awarded to the applicant or any of the other children:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

*I/We declare that the information on these pages is true and correct to the best of my/our knowledge.*

Father’s Signature (or Guardian)________________________Date:________

Mother’s Signature (or Guardian)________________________Date:________

Application deadline is January 13, 2021.

Additional Items Required

Please send:
This application and the essay on attached page 4
High School Transcript
2019 Income Tax Return with social security number blanked out
Photo identification card if you are on public assistance
Mailing address is on page 4.
ESSAY

Please use the following space to describe in two paragraphs the reasons why you feel that you are deserving of our scholarship. This information will assist the Scholarship Committee in making our decision. Essay may be only one page in length. Please print (with black pen) or attach a one page typed document.

Please mail entire application form and attachments no later than January 13, 2021 to:
National Italian American Sports Hall of Fame
Scholarship Committee
P.O. Box 275
Glenshaw, Pa 15116