

THOMAS CHRISTOPHER DE LALLA
Memorial Scholarship Application

NAME: _____ GPA: _____
Type or print clearly Through 1st semester senior yr.

ADDRESS: _____

SIGNATURE: _____ DATE: _____

EDUCATION: _____
COLLEGE / OTHER INSTITUTION YOU PLAN TO ATTEND INTENDED MAJOR

This \$1000 scholarship will be awarded to the candidate who has best demonstrated his/her commitment with dedication and leadership in organizations and activities to help and benefit others, the community and the youth of Mount Olive Township. Special consideration will be given for participation and leadership in activities and programs which benefit local community youth organizations.

- Please answer **all** of the following questions (**additional paper may be used.**)
*Note: If your H.S. provides a generic scholarship application then answer **ONLY** those questions **NOT** included on the generic application. The generic application must be attached to this sheet when submitted to the scholarship review committee.*
- Provide any supportive information that will aid the Scholarship Committee.
- Return completed application to your Guidance Office by date indicated by your high school.

NOTE: Include all leadership positions and offices held.

1. List **School Activities** and Year of Participation:

_____	_____
_____	_____
_____	_____
_____	_____

2. List **Community Activities** and Year of Participation:

_____	_____
_____	_____
_____	_____
_____	_____

3. List **Church/Religious Institution Activities** and Year of Participation:

_____	_____
_____	_____
_____	_____
_____	_____

4. List **Work Experience** - Business Name, Job Description and Year:

_____	_____
_____	_____
_____	_____
_____	_____

5. **Essay** (mandatory) - type or write an essay stating:

- A) **WHY** a scholarship is important to you and
- B) **WHAT** you did specifically that would qualify you as the best candidate to receive this scholarship.