Marconi Civic Club
Fred Moro & Batista “Lily” Ghio Memorial Scholarship
The Marconi Civic Club is offering a $500 scholarship to a Cabrillo College student of Italian descent.

ELIGIBILITY

Applicants must complete 9 units each semester, maintain a minimum 3.0 grade point average for all Cabrillo College work and be of Italian descent.

APPLICATION INSTRUCTIONS - Please Read Carefully

Applicants must submit the following documents, typed or printed in black ink with name and social security number on each document:

1. The enclosed Scholarship Application Form. Complete both sides. Incomplete applications will not be considered.

2. **Student Statement:** Type or print in BLACK INK. Your student statement is very important and the Scholarship Committee relies heavily on this statement. Attach a one page statement regarding your academic objectives, future goals, and aspirations. **Only one page will be photocopied.** You must include the following:
   - What has shaped you as a person?
   - What are your educational & career goals?
   - Why have you chosen these goals?
   - Include any special circumstances or unusual hardships
   - How do you envision making a contribution to your community after you complete your education?

3. **Letter of Recommendation:** Please submit a one page letter of recommendation written by someone who is familiar with your academic progress, future goals and any extenuating personal circumstances. Submit only one letter of recommendation. Additional letters will be discarded.

4. **Transcripts:** Please include a copy of your Cabrillo College transcripts.

RECIPIENT STATUS

Students will be notified of their recipient status in May 2015. Notification will include details on enrollment requirements. Funds will be released during the Fall 2015 semester upon verification of release requirements.

A COMPLETED APPLICATION PACKET INCLUDES:

1. Scholarship application
2. Student Statement
3. One letter of recommendation
4. Cabrillo College Transcripts

THE APPLICATION DEADLINE IS MONDAY, MARCH 9, 2015.
Submit completed applications to:
Financial & Scholarships Office
6500 Soquel Drive
Aptos, CA 95003

Late or incomplete applications will NOT be accepted.
Eligibility
Applicants must complete 9 units each semester, maintain a minimum 3.0 grade point average for all Cabrillo College work and be of Italian descent.

Applicant Information

Name: __________________________ Student ID: ____________

Address: ________________________ Email Address: ______________

Street __________________ City __________________ State ________ Zip ________

Phone #: ________________________ Date of Birth: ____________

Ethnic Origin*: ____________________ Gender*: ☐ Male ☐ Female

*(optional-answer to be considered for specific scholarship opportunities)

Check all that apply: ☐ US Citizen ☐ Resident of Pajaro Valley ☐ Resident of Santa Cruz County ☐ Re-entry Student

Educational Experience & Goals

High School: ______________________ City/State/Country: ______________

Did you graduate? ☐ Yes ☐ No

Colleges Attended: __________________________

Degree/Major Received: __________________________

Cabrillo Degree Objective(s): ☐ Associate Degree in ☐ Certificate of Proficiency in ☐ Transfer - I will transfer to

(Name of 4-year institution to which you will transfer)

Are you majoring in any of the following? ☐ Nursing ☐ Education ☐ Science ☐ Business ☐ Law

When do you expect to complete your academic goals at Cabrillo? ☐ Fall ☐ Spring ☐ Summer Year: ____________

Transfer date: ☐ I plan to transfer Fall 2015 or ☐ I will transfer --ochrome Fall ☐ Spring ☐ Summer Year: ____________

Transfer/Higher Education Degree Objective(s): ☐ Bachelor’s Degree in ☐ Master’s Degree in ☐ Doctorate in

Student Financial Information

Marital Status: ☐ Single ☐ Married ☐ Separated

Number of dependents: __________________________ Ages: __________________________

Student’s place of employment: __________________________ Hours worked per week: ____________


Sources of additional income (grants, AFDC, parents, etc.):

Additional information to consider when assessing financial need:

For Office Use Only:

GPA_________ Units Completed______ EFC__________ Awards__________ Remaining Need__________ Incomplete ____________
Parent/Guardian Information

Parent(s) Marital Status:  □ Single  □ Married  □ Separated

Number of Dependent Children:    Ages:

Was the applicant claimed as a Dependent on 2014 Federal Tax Return?    Yes  No

Will the applicant be claimed as a Dependent on 2015 Federal Tax Return?    Yes  No

Parent(s) 2014 Annual Income: $        Parent(s) Projected 2015 Annual Income: $

Parent(s) 2014 Additional Income: $        Parent(s) Projected 2015 Additional Income: $

Please list sources of Additional Income:

Additional information to consider when assessing financial need:

Academic/Community Honors & Recognition

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<th>Award/Recognition</th>
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<th>Date Received</th>
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Employment, Extra-curricular Activities & Community Involvement

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Application Checklist

A complete application packet includes:
1. Scholarship application
2. Student Statement
3. One letter of recommendation
4. Cabrillo College Transcripts

Submit completed applications to:
Financial Aid & Scholarships Office
6500 Soquel Drive
Aptos, CA 95003

The application DEADLINE is MONDAY, MARCH 9, 2015.
Late or incomplete applications will NOT be accepted.

Disclaimer & Certification

I/We certify that my answers are true and complete to the best of my/our knowledge.
I/We also authorize the Cabrillo College Financial Aid & Scholarships Office to release the information in this application to the Scholarship Review Committee and any other organization or its representatives to determine eligibility. The data contained herein shall remain confidential. If this application leads to an award, I understand that false or misleading information in my application or interview may result in my disqualification.
I understand that if selected as a recipient, my name and likeness may be used in publicity regarding the scholarship.

Applicant Signature: ___________________________ Date: ________________

Parent Signature: ___________________________ Date: ________________