

RICHARD T. NAPLES, SR.
EDUCATION FOUNDATION, INC.

2665 North Main Street * Hubbard, Ohio 44425
(330) 534-5145  (800) 356-9626

2024 HIGH SCHOOL SCHOLARSHIP APPLICATION

(GRADUATING SENIORS ENTERING COLLEGE)

USE PDF EDITOR or CLEARLY PRINT IN BLACK INK ONLY ~ INCOMPLETE SECTIONS = DISQUALIFICATION
DEADLINE and POSTMARK DATE BY MARCH 31, 2024

SECTION 1A: GENERAL INFORMATION

NAME:			
ADDRESS:	HOME PHONE:		
	CELL PHONE:		
ZIP CODE:	DATE OF BIRTH:	/	/
CITY:	COLLEGE GRADUATION YEAR EXPECTED:		
STATE:	CIRCLE:	MALE / FEMALE	

SECTION 1B: FAMILY INCOME FROM TAX RETURN

PARENT/LEGAL GUARDIAN SIGNATURE & NOTARY SIGNATURE REQUIRED

PLEASE APPROPRIATE BOX

A: UNDER \$30,000 _____ B: \$30,001 - \$65,000 _____ C: \$65,001 - \$99,999 _____ D: OVER \$100,000 _____

I hereby certify under oath, that I am the legal parent or guardian of the applicant and that the family income stated under Section 1B is true to the best of my knowledge and belief.

Parent/Legal Guardian Signature: _____

NOTARY CERTIFICATE OF ACKNOWLEDGEMENT

STATE OF:	CITY/COUNTY OF:	ON THIS DATE:
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Sworn before me, _____, a notary public, _____,

Notary's Name *Printed name of Parent/Legal Guardian*

a person known to me or who presented photo identification, as being true and correct to be the above-named person under section 1B who signed this document.

Notary Signature

My commission expires on _____
Date

SEAL/STAMP

SECTION 1C:

IF YOU OR YOUR PARENT HAVE EVER BEEN EMPLOYED AT WHOLESALE FIREWORKS, PLEASE COMPLETE THIS SECTION.		
YEAR(S) YOU WORKED:	LOCATION : HUBBARD _____ NILES _____	N CANTON _____
IF PARENT WORKED, PLEASE PROVIDE PARENT'S FULL NAME (INCLUDE MOTHER'S MAIDEN NAME):		

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SECTION 2: ACTIVITIES/AWARDS/HONORS

Please list all extracurricular activities, community service projects, awards, distinctions. Additional sheet with your name & school may be used.

SECTION 3: FAILURE TO INCLUDE = DISQUALIFICATION

* PLEASE PROVIDE TWO LETTERS OF RECOMMENDATION *
If letters are sent separately, student's name and school MUST appear on all submissions and returned with postmark date by 3/31/2024.

SECTION 4: MUST BE COMPLETED ENTIRELY & SIGNED BY SCHOOL GUIDANCE COUNSELOR

STUDENT'S NAME:	CUMULATIVE GPA: _____ <small>BASED ON 4.0 SCALE – APPLICANT MUST BE 2.5 OR ABOVE TO APPLY</small>	
ACT COMPOSITE:	MEMBER OF NATIONAL HONOR SOCIETY: YES _____ NO _____	
SAT COMPOSITE:		
RANK IN CLASS: OUT OF # _____ STUDENTS		
HIGH SCHOOL NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
GUIDANCE COUNSELOR'S NAME:		
PHONE:		
COUNSELOR'S SIGNATURE:		DATE:

SECTION 5: APPLICANT'S SIGNATURE

<i>In signing this application, I certify that the information provided is complete and correct to the best of my knowledge and belief.</i>	
APPLICANT'S SIGNATURE:	DATE:

PLEASE REVIEW ALL SECTIONS!
ALL SECTIONS MUST BE COMPLETE BEFORE MAILING TO:
RICHARD T. NAPLES, SR.
EDUCATION FOUNDATION, INC.
2665 N. MAIN ST.
HUBBARD, OH 44425

DEADLINE MARCH 31, 2024 – POSTMARK DATE - NO EXCEPTIONS