

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

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

**2018 HIGH SCHOOL SCHOLARSHIP APPLICATION**

APPLICATION WILL BE DISQUALIFIED IF NOT COMPLETE.  
PLEASE TYPE OR PRINT ALL INFORMATION IN BLACK INK.

**SECTION 1: GENERAL INFORMATION**

NAME \_\_\_\_\_ SEX: MALE OR FEMALE  
ADDRESS: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

PHONE: \_\_\_\_\_

EXPECTED COLLEGE GRADUATION DATE: \_\_\_\_\_

CIRCLE YOUR FAMILY INCOME AS STATED ON YOUR TAX RETURNS.

A. UNDER \$30,000.00   B. \$31,000.00 - \$65,000.00   C. \$66,000.00 - \$99,000.00   D. OVER - \$100,000.00

HAVE YOU EVER BEEN EMPLOYED AT WHOLESALE FIREWORKS? YES/NO

HAVE YOUR PARENTS EVER BEEN EMPLOYED AT WHOLESALE FIREWORKS? YES/NO

IF YES, PLEASE LIST DATES: \_\_\_\_\_

**SECTION 2 ACTIVITIES & AWARDS/HONORS**

PLEASE LIST ALL EXTRACURRICULAR AND/OR COMMUNITY ACTIVITIES YOU HAVE BEEN INVOLVED IN, AS WELL AS ANY AWARDS OR DISTINCTIONS YOU MAY HAVE RECEIVED DURING YOUR HIGH SCHOOL YEARS (ADDITIONAL SHEETS MAY BE ATTACHED):

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**SECTION 3: PLEASE SUBMIT TWO LETTERS OF RECOMMENDATION WITH YOUR APPLICATION: (IF RECOMMENDATIONS ARE SENT SEPARATELY, STUDENT'S NAME AND SCHOOL MUST BE LOCATED AT THE BEGINNING OF THE RECOMMENDATION)**

**SECTION 4: THIS SECTION MUST BE COMPLETED AND SIGNED BY YOUR GUIDANCE COUNSELOR.**

STUDENT'S NAME: \_\_\_\_\_

ACT COMPOSITE: \_\_\_\_\_ SAT COMPOSITE: \_\_\_\_\_

RANK IN CLASS: \_\_\_\_\_ IN CLASS OF: \_\_\_\_\_

CUMULATIVE G.P.A.: \_\_\_\_\_ MUST BE A 2.5 OR ABOVE (BASED ON A 4.0 SCALE)

IS THE STUDENT A NATIONAL HONOR SOCIETY MEMBER YES OR NO

YEAR OF HIGH SCHOOL GRADUATION: \_\_\_\_\_

NAME AND ADDRESS OF HIGH SCHOOL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER OF HIGH SCHOOL: \_\_\_\_\_

NAME OF GUIDANCE COUNSELOR: \_\_\_\_\_

SIGNATURE OF GUIDANCE COUNSELOR: \_\_\_\_\_ DATE \_\_\_\_\_

**SECTION 5: APPLICANT'S SIGNATURE**

IN SIGNING THIS APPLICATION, I CERTIFY THAT THE INFORMATION GIVEN IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

MAIL COMPLETED APPLICATION TO: Richard T. Naples, Sr. Education Foundation, Inc.  
2665 North Main Street  
Hubbard, Ohio 44425  
330-534-5145

**RETURN WITH POSTMARK DATED NO LATER THAN  
MARCH 31, 2018**