



**SCHOLARSHIP APPLICATION**

The Danielle DeMarzo Foundation, Inc., is proud to offer scholarships to individuals affected by growth related disorders and children with learning, mental, or physical disabilities.

**INSTRUCTIONS:**

Please read all questions and answer them completely. Please use a pen or type your answers. Separate sheets may be attached if needed. The Scholarship Committee will consider only complete and legible applications.

**APPLICANT'S INFORMATION:**

Full Legal Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_  
Are you a U.S. citizen? \_\_\_\_\_ If not, are you a naturalized citizen or a permanent resident alien? \_\_\_\_\_  
\_\_\_\_\_  
Marital Status: \_\_\_\_\_  
How did you hear about this scholarship? \_\_\_\_\_  
\_\_\_\_\_

**FAMILY INFORMATION:**

Name of Parents or Legal Guardian: \_\_\_\_\_  
(please specify)  
Address \_\_\_\_\_  
(if different from Applicant)  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_  
Father's Occupation: \_\_\_\_\_  
Mother's Occupation: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Number of siblings: \_\_\_\_\_  
Number of siblings living at home: \_\_\_\_\_

**Danielle DeMarzo Foundation, Inc. Scholarship Application**

**EDUCATION:**

Are you currently enrolled in an educational institution or program at this time? \_\_\_\_\_

If yes, where are you presently enrolled? \_\_\_\_\_

Present GPA: \_\_\_\_\_ Overall GPA: \_\_\_\_\_

Please list all school activities in which you have been involved. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your planned major? \_\_\_\_\_

What schools, colleges, universities or programs are you applying to? \_\_\_\_\_

\_\_\_\_\_

Have you been accepted to any of the above? \_\_\_\_\_

If yes, which ones? \_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE:**

Are you employed at this time? \_\_\_\_\_

If yes, where? \_\_\_\_\_

How many hours a week do you work? \_\_\_\_\_

List all positions you have held (both paid and volunteer) during the past three (3) years. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ACTIVITIES AND AWARDS:**

List organizations, clubs and extracurricular activities where you have been active (youth group, sports, drama, etc.). \_\_\_\_\_

\_\_\_\_\_

What are your hobbies or special interests? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Danielle DeMarzo Foundation, Inc. Scholarship Application**

List any awards/recognition you have received. \_\_\_\_\_  
\_\_\_\_\_

List any volunteer or community service you have been involved with. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL NEED STATEMENT:**

List anticipated expenses (tuition, housing, food, books, etc.) and any sources of financial aid (awards, grants, scholarships, loans, etc.) you have received.

Expenses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sources of Funding: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your estimated yearly family income? \_\_\_\_\_

Are your parent's able to contribute to your educational expenses? \_\_\_\_\_ If yes, how much? \_\_\_\_\_

Are there any unusual expenses or special circumstances, which would prevent your parents from contributing to your education? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any extreme medical expenses not paid for by insurance? \_\_\_\_\_ If so, briefly explain the situation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**LETTERS OF RECOMMENDATION/DOCUMENTATION:**

Please submit three letters of recommendation. It is strongly recommended that one come from your school counselor or instructor. The second letter can be from a non-school, non-family individual who knows you through work or other activities. The third must come from a health care professional documenting a growth related disorder or special need.

**PERSONAL STATEMENT:**

On a separate sheet of paper, write a statement explaining:

- 1) your reasons for applying for a scholarship
- 2) your goals and plans for the future; and
- 3) any other information about yourself, your family, your background, and your educational achievements, which will help the Committee become better informed about you.

**AFFIRMATION:**

I have read the instructions, and completed this application to the best of my knowledge. If circumstances occur to change any of the information reported by me in this application, I understand that I must report this to the Scholarship Committee.

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Signature of Applicant

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Signature of Parent or Legal Guardian

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Date

