

THE ORAZIO DIMAURO FOUNDATION

SCHOLARSHIP PROGRAM

INSTRUCTIONS FOR COMPLETING THE APPLICATION

1. Please fill out the enclosed forms. Application for an **Orazio DiMauro Scholarship Application** in its entirety and **submit by June 1st** .
2. Submit the **Orazio DiMauro Financial Aid Information Form** to the financial aid officer at the college you are attending or will attend.
3. Request a secondary school or college transcript from your records' office. Your transcript including a record of the first term academic year must be in by June 1st
4. Submit a copy of your acceptance letter from the college or medical school where you will enroll.
5. If you are awarded an **Orazio Di Mauro Scholarship**, you must acknowledge the award and have a final transcript for the present school year forwarded to the Foundation.

The Committee meets in July to select recipients and notifies all applicants in August. In August checks will be sent to the bursars of the recipients' colleges.

ORAZIO DIMAURO FOUNDATION SCHOLARSHIP PROGRAM

APPLICATION FOR DIMAURO SCHOLARSHIP

APPLICATION DEADLINE: June 1st

Please follow the instruction sheet and feel free to include any special circumstances on a separate sheet. Please type your information into this file and save. Print your completed application and sign it.

Name (print or type):

Last First Middle

Home address: _

Street and number City State Zip Code

Email address: _

Date of Birth: _

Place of Birth: _

Telephone: _

High School: _

Date of Graduation: _

Father's Name: _

Home address: _

If different from your permanent address

Father's Occupation: _

College: _

Mother's Name: _

Home Address: _

If different from your permanent address

Mother's Occupation: _

College: _

Engineering applicants complete this section:

To what colleges are you applying? : _

If accepted, at which college do you plan to enroll? : _

Have you taken the CEEB Scholastic Aptitude Tests? Yes: _ No: _
(If yes, please ask your school to report the results on your transcript.)

If in college: Name of college: _

Class: _ Dates Attended: _ Major: _ QPR: _

Medical applicants complete this section:

College graduated from: _ Date of Graduation: _

Major: _ QPR: _

To what medical schools have you applied? : _

If accepted, at which medical school will you enroll? : _

If in Medical School: Name of Medical School: _ Yr. 1st ___ 2nd ___ 3rd ___ 4th ___

All Applicants:

What Scholastic Honors (give dates) have you received:

Here you will **type inside the text box**. It will expand as you add content

Please describe the important extracurricular activities (and any offices held) in which you have participated: Here you will **type inside the text box**. It will expand as you add content

Please describe any other important activities (including summer and part-time employment) in which you have participated outside of school:

Here you will **type inside the text box**. It will expand as you add content

Write a brief statement describing your major qualifications for a DiMauro Scholarship. In addition to your academic qualifications, the ODF is interested in learning about the sort of student you are (and will be going forward) as well as what your near and longer-term goals are for your career after your education is finished. In what ways might you contribute to whichever community you are a part of? (please write no more than 1/2 to 2/3 of a page here)

Here you will **type inside the text box**. It will expand as you add content

Signature of Applicant _____ Date _____

Please send the completed application to:

Orazio DiMauro Scholarship Program
14 Ascot Court
West Long Branch, NJ 07764
Oraziodimaurofoundation@gmail.com
203-545-5428

Financial Aid

ORAZIO DI MAURO FOUNDATION
14 Ascot Court
West Long Branch, NJ 07764
Oraziodimaurofoundation@gmail.com

203-545-5428

Information Form Due
Date June 1st

Instructions to Applicant:

1. Complete all items to the right
2. Sign form below
3. Give form to the financial aid officer.
 If more than one institution, photo copies of this form will be accepted.

Name of Applicant _____

Permanent Address _____

Soc. Sec. No. _____

College or Medical School _____

Address: _____

I authorize the exchange of financial aid information between the Orazio DiMauro Foundation Selection Committee and the financial aid officer for the purposes of determining my eligibility for a scholarship.

Applicant's signature: _____ Date: _____

To Financial Aid Officer:

The Orazio DiMauro Foundation provides scholarship funds to full-time students who live in the greater Bridgeport, Connecticut area or Siracusa area of Italy and who are studying undergraduate engineering or medicine (MD). The scholar ships are based on academic ability and financial need. Please complete the items below to assist us in determining the applicant's financial ability to attend your institution and mail form directly to the Foundation.

Education Expenses

Resources

Tuition \$.....	Pell Grant \$.....	Family Contribution as determined by standardized a "Needs Analysis" such as FAF \$.....
Fees	Tuition Assist	Name of Financial Officer _____
Books and Supplies	Other Scholarships (List)	Signature of FAO _____
Board	Other Scholarships (List)	Date: _____
Transportation	Work Study	Phone: _____
Average Personal Expenses	Loans	Program or Major at College _____
Other Expenses	Other Resources	Accepted to: _____
Total Need \$.....	Total	

For additional remarks use reverse