

JEFF ROSS '90 AND RAY DIGILARMO '73 SCHOLAR-ATHLETE FOUNDATION FULL OR PARTIAL SCHOLARSHIP APPLICATION 2019-2020

Please type or print your answers.			
1.	Last Name:		First Name:
2.	Mailing Address Street: City:	State:	Zip:
3.	Telephone Number: () Email Address:		
4.	Date of Birth: Month Day	Year	Gender:
5.	Cumulative Grade Point Average (GPA): (On a 4.0 scale) Attach proof of GPA. Your most recent school transcript is required.		
6.	Have any family members graduated from Bishop Walsh: YES NO		
7.	Name and location of Current High School attending:		
8.	(If your resume or activities sheet answers question 8, please attach and skip to Question 9.) A. List any academic honors, awards and membership activities while in high school:		
	B. List your hobbies, outside interests, extracurricular activities and school related volunteer activities:		
	C. List your non-school sponsored volunteer activities in the community:		
9.	List Family Gross Annual Income from your 2018 Income Tax Form 1040 Line #22: \$ (If selected, recipients may be asked to verify annual household income is under \$75,000 by supplying pg. 1 of their 2018 IRS Income Tax Form)		
10.	Which sports and/or clubs are you currently participating in this school year?		

11. On a separate sheet please write an essay (250 words) answering the questions below:

Describe how participating in sports and/or clubs has shaped who you are today and what it has taught you.



STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the Foundation's scholarship program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner, according to *Jeff Ross '90 and Ray DiGilarmo '73 Scholar-Athlete Foundation* policy, I must be present at any potential awards ceremony, surprise, or reception in May 2020 to receive my scholarship award.

I hereby understand that if chosen as a scholarship winner, according to *Jeff Ross '90 and Ray DiGilarmo '73 Scholar-Athlete Foundation* policy, it is my responsibility to keep my GPA above a 3.0 for the entire 2019-2020 school year. If my GPA drops below 3.0 there is only one chance for academic probation after which if the GPA does not improve it will result in a loss of the scholarship.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship. Signature of scholarship applicant: ______ Date: _____ STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to Jeff Ross '90 and Ray DiGilarmo '73 Scholar-Athlete Foundation. Name of Guidance Counselor submitting the application: High School: Contact information (email and phone): Signature of Guidance Counselor: Date: Checklist Application Essav Resume/Activity Sheet Guidance Counselor signature School Transcript

MAIL COMPLETE APPLICATION PACKAGE TO THE FOUNDATION AT:

Jeff Ross '90 and Ray DiGilarmo '73 Scholar-Athlete Foundation c/o Bishop Walsh School
700 Bishop Walsh Road

Cumberland, MD 21502

REMINDER:

The deadline for this application to be received by the Foundation's Office is: JUNE 1, 2019, 4:00 p.m. NO EXCEPTIONS!