

Mazzella Family Foundation

Changing Lives One Family at a Time

P.O. Box 537

Katonah, New York, 10536

Phone (914) 000-0000

Web: www.mazzellafamilyfoundation.org

Applicants Seeking Education Grants

Item 1. Background Information

Last Name	First Name	Middle Initial
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Permanent home (or parents') address	City	State	Zip
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Address on campus (if known)

Home (or parents') phone	Campus phone
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U.S. Social security number, if any: _____

Item 2. Educational Information.

1. Please attach information indicating, for each educational institution you have attended, your year of graduation, your class rank, and any transcripts showing classes taken and grades awarded.
 2. Please provide reports of any standardized college or higher education tests (including SAT, ACT, or GRE) you have taken within the last five years.
 3. List academic honors, special awards and activities.
 4. Describe educational institution you are attending or plan to attend:
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Are you attending, or do you plan to attend, the institution full time? _____

Field of study (intended or declared): _____

Intended degree:

_____ B.S. _____ B.A. _____ Graduate / Other: _____

Item 3. Financial Data:

1. Please have a copy of your Student Aid Report from the Department of Education provided to the Foundation at the address on page 1.
2. Please provide a copy of your most recently filed individual income tax return (if filed in the past five years).
3. Please summarize your current financial status:

Your annual income (include spouse's income if married): _____

Number of children you have: _____

Will you work during the academic year? _____ Yes _____ No

If yes, how many hours per week? _____

Parents' annual income (if under age 22): _____

Year of most recent income tax return filing (please attach copy) _____

Estimated expenses for coming academic year:

Tuition and fees _____

Books and supplies _____
Room and board _____
Transportation _____
Insurance _____
Other (list) _____
Total _____

Estimated financial resources for coming academic year:

Your earnings _____
Spouse's earnings _____
Parental support _____
Savings _____
Other scholarships
or grants _____
Student loans _____
Total _____

Item 4. Essay. Please describe why you believe you should be awarded a scholarship for the coming academic year in 250 or fewer words. You may discuss your personal, financial or academic situation; any achievements or goals you have; or any other information you believe is relevant. Please be concise and attach your typed response to this application. **If you have received an Education Grant from the Foundation in the past and are seeking to renew for the coming year, please attach an informal copy of your current transcript and include a statement on the impact the Foundation has had on your education to this point. You must also have your educational institution forward a transcript to the Foundation at the end of the current academic year.**

Address _____ Email _____
Telephone _____
Fax _____

Relationship to You _____
—

3 Name _____
Title _____
Institution
or
Company _____
Address _____ Email _____
Telephone _____
Fax _____

Relationship to You _____
—

4 Name _____
Title _____
Institution
or
Company _____
Address _____ Email _____
Telephone _____
Fax _____

Relationship to You _____
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Certification

I hereby certify that all the information contained in this application is true, accurate and complete to the best of my knowledge. I hereby authorize the Foundation to verify any information that I have submitted as part of this application and to use that information in evaluating my application. I agree that if I am selected to receive an Education Grant, amounts awarded for the payment of tuition and other related expenses at the institution at which I am currently enrolled or will be enrolled as a full-time student (the "Institution") will be paid directly to the Institution.

I hereby authorize the Institution to release grade reports, transcripts, and any other information regarding my progress toward completion of my degree or regarding the completion of my study to the Foundation, and I also agree to provide any such information, and any other information regarding the use of Education Grant funds, to the Foundation on its request. I understand that if any report so required is not provided, or if reports indicate that the Education Grant is not being used in furtherance of the scholarship purpose, the Foundation will investigate the use of Education Grant funds and, while this investigation is being conducted, the Foundation will withhold further payments from me and take steps to recover funds already granted until it has determined that the funds are being used for their intended purpose.

I hereby certify that I am not an ancestor of, descendant of, spouse of, or spouse of a descendant of, any contributor to the Mazzella Family Foundation or any of the directors or officers of the Mazzella Family Foundation.

I understand that if I use the Education Grant for any purpose other than that stated herein, or if any information submitted on this application is found to be untrue, inaccurate or incomplete, I will be subject to forfeiture of the Education Grant, including any amounts awarded in prior years, and agree to return all such proceeds.

Signature

Date