



Lynda J. Mazzola Memorial Scholarship \$2,500

Complete this application in full for consideration and attach the items listed on the Criteria Form

Date ___/___/___

PERSONAL INFORMATION

Name _____ Telephone (___) _____ Birthdate ___/___/___

Home address _____ City _____ State _____ Zip code _____

Mailing address _____ City _____ State _____ Zip code _____

Email address _____

ACADEMIC INFORMATION

Name of school attending _____ Location _____

Major of academic study

Educational activities/accomplishments:

Special recognition or awards:

COMMUNITY / EXTRACURRICULAR / WORK (activities, work experience, community service – attach page if needed)

Student signature _____ Date ___/___/___