## Dean Rusciolelli Memorial Scholarship Application



Jivii Teatti Wiettiber Ittioritiatioi	1									
Name (Last)		(First)	(First)			(Middle Initial)		Telephone		
JMI Cleaning Account (Name and Address)		(City)	(City)		(State)	(Zip)		IP Te	eam Employer	
Supervisors Name		Date Employment beg			egan at a	jan at a JMI Building				
Applicant Information										
Name (Last)		(First)				(Middle Initial)		Telephone		
Address (Mailing Address)		(City)			(State)	(Zip)		Social Security Number		
Mail Address		Citizen of the US		Yes	Yes or No		(Date of Birth)			
Current High School							p to JMI	Т	ype of College	
						taff Mei			mmunity	
What College would you most like to attend?						Son/Daughter 4 Yr Public Step Son/Daughter 4 Yr Private				
					Grandchild			4 Yr Private Online Courses		
What Major would you like to pursue?					High S	High School Graduation Date:				
SAT/ACT Scores (Please list Separately)					GPA:	GPA: (Scale of_ out of_) Class Rank:( _ ouf of_)				
EDUCATION AND TRAINING										
Academic, Athletic and Extra	curricular Ach	eiveme	ents	and Award	S (use s	eparate	sheet if ı	neede	ed)	
Name and Location	Dates		Achievement							
	Attended Month/Year	Academic		Other (Specify)	Com	pleted Award & Year				
	From				Yes					
	То				No	No				
	From				Yes					
	То				No					
	From				Yes					
	То	†			No					
Languages Read, Written or Spoken Flue	ently Other Than Er	nglish						ļ		
SPECIAL SKILLS (List all pertine	nt skills) (Maximu	ım 300 ch	aracte	rs)						
Siblings Compositiving Callery	mfaumatian as	A !!	- 1- 1 - \							
Siblings Currently in College I	ntormation (If	Applica	able)	Dete	of Enter		Det		vo divotio n	
Relationship/College Attending			Date of Entry			Date of Graduation				



## WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

	· · · · · · · · · · · · · · · · · · ·	·	1						
Employer	Telephone Number (	) -	From (Month/Year)						
Address									
Job Title	Number Employees Sup	ervised	To (Month/Year)						
Specific Duties (Maximum 350 characters)									
			Hours Per Week						
			Last Salary						
			Supervisor						
Reason For Leaving		May We Contact This E	mployer? Yes No						
Employer	Telephone Number (	) -	From (Month/Year)						
Address	relephone Number (	1	Trom (World) reary						
Job Title Specific Duties (Maximum 350 characters)	Number Employees Sup	ervised	To (Month/Year)						
			Hours Per Week						
			Last Salary						
			Supervisor						
Bassan For Landing		May We Contact This E	mulayara Voc No						
Reason For Leaving		May We Contact This E	inployer? res No						
2. Who was the person that most assisted you in a struggle and how did that experience affect you?									
I certify the information contained in this application is statements reported on this application may be consider	true, correct, and compered sufficient cause fo	olete. I understand that r the scholarship to be	, if awarded, false revoked.						