



## **2017 Tom Cosenzi Scholarship Application**

### **ELIGIBILITY:**

Student must have a strong academic background and present leadership qualities. The student must be active with community service outreach. The student must be continuing their education at a four year or two year college or trade school, preferably with an interest in the Automotive Field (not required). Student must be a graduating high school senior by June, 2017.

### **AMOUNTS:**

Scholarship Awards will be determined by available funds in each calendar year. The amount for the 2017 scholarship is \$1,000.00. The scholarship will be awarded and be determined by the number of qualifying applicants.

### **SELECTION:**

The selection of students for the scholarship awards will be decided by TommyCar Auto group scholarship committee. The committee will review all applications and award scholarships based on eligibility.

### **APPLICATIONS:**

Applications shall be filed no later than April 17, 2017 of the graduation year. Applications should be sent to P.O. Box 1450, Northampton, MA 01060 ATTN Carla Cosenzi

### **NOTIFICATION:**

Notification of scholarship award will be mailed to selected applicant within thirty (30) days of final application date. Your high school guidance counselor will also be notified of your award.



**2017 Tom Cosenzi SCHOLARSHIP APPLICATION**  
**Sponsored by Country Hyundai & Northampton Volkswagen**  
**347 & 361 King Street Northampton, MA 01060**

STUDENT MUST FILL IN ALL ITEMS ON THE APPLICATION. THE APPLICATION WILL NOT BE CONSIDERED UNLESS ALL INFORMATION REQUESTED IS COMPLETE.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MOTHER'S OCCUPATION \_\_\_\_\_

FATHER'S OCCUPATION \_\_\_\_\_

GUARDIAN'S OCCUPATION \_\_\_\_\_

SIBLING'S AGE \_\_\_\_\_ SCHOOL ATTENDING \_\_\_\_\_

SIBLING'S AGE \_\_\_\_\_ SCHOOL ATTENDING \_\_\_\_\_

SIBLING'S AGE \_\_\_\_\_ SCHOOL ATTENDING \_\_\_\_\_

SIBLING'S AGE \_\_\_\_\_ SCHOOL ATTENDING \_\_\_\_\_

HIGH SCHOOL YOU ARE CURRENTLY ATTENDING: \_\_\_\_\_

HIGH SCHOOL ADDRESS: \_\_\_\_\_

GUIDANCE COUNSELOR: \_\_\_\_\_

EXTRA CURRICULAR ACTIVITIES: \_\_\_\_\_

SCHOOLS APPLIED TO \_\_\_\_\_

SCHOOL PLANNING TO ATTEND: \_\_\_\_\_

HAVE YOU BEEN ACCEPTED AT THE ABOVE NAMED SCHOOL? \_\_\_\_\_

HAVE YOU RECEIVED ANY OTHER SCHOLARSHIPS? \_\_\_\_\_

**ON A SEPARATE SHEET OF PAPER WRITE OR TYPE AN ESSAY STYLE STATEMENT EXPLAINING WHY YOU ARE DESERVING OF THIS SCHOLARSHIP (at least 1 page):** *(Staple the statement to the application)*

**The statements on this application are true to the best of my knowledge and belief.**

Date \_\_\_\_\_ Signature (student's) \_\_\_\_\_

**The following information must be verified by your guidance counselor:**

Has student fulfilled her/his requirements for graduation by June 2017? \_\_\_\_\_

Signature of counselor \_\_\_\_\_