

## 2020 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, 2020.

#### AMOUNTS:

Scholarship Awards will be determined by available funds in each calendar year. The amount for the 2020 scholarship is \$1,500.00. 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 May 31, 2020 of the graduation year. Applications should be sent via email to <u>TomCosenziScholarship@gmail.com</u>

#### 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.



### 2020 Tom Cosenzi Scholarship Application Sponsored by Volvo Cars Pioneer Valley 253 Greenfield Road, South Deerfield, MA 01373

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 SCHOO                               | L ATTENDING      |      |  |
| SIBLING'S AGE SCHOO                               | L ATTENDING      |      |  |
| SIBLING'S AGE SCHOO                               | L ATTENDING      |      |  |
| SIBLING'S AGE SCHOO                               | L ATTENDING      |      |  |
| HIGH SCHOOL YOU ARE CURR                          | ENTLY ATTENDING: |      |  |
| HIGH SCHOOL ADDRESS:                              |                  |      |  |
| GUIDANCE COUNSELOR:                               |                  |      |  |
| EXTRA CURRICULAR ACTIVITIE                        | ES:              |      |  |
| SCHOOLS APPLIED TO                                |                  |      |  |
| SCHOOL PLANNING TO ATTEN                          | ID:              |      |  |
| 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) \_\_\_\_\_