



CARLOS J. DALOMBA SCHOLARSHIP FOUNDATION
Application Form

The form must be completed in its entirety. If the answer to any question(s) is "not applicable" or "unknown", indicate where appropriate. You may attach additional sheets (8 1/2 x 11), if necessary.

Name: _____ Age: _____
Last First Middle

Address: _____
Number/Street/Apartment # City State Zip

Home Phone: (____) _____ Cell Phone: (____) _____ E-mail address: _____

Date of Birth: _____ Place of Birth: _____

High School: _____ Expected Graduation Date: _____

ANCESTRAL ORIGIN: To be eligible for the *Carlos J. DaLomba Scholarship*, an applicant must be of Cape Verdean descent. For the purpose of this application, "of Cape Verdean descent" means that either of your *biological* parents OR any of your *biological* grandparents must be Cape Verdean.

Please check all relatives listed below who are Cape Verdean:

- | | | |
|---------------------------------|---|---|
| <input type="checkbox"/> Father | <input type="checkbox"/> Paternal Grandfather | <input type="checkbox"/> Paternal Grandmother |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Maternal Grandfather | <input type="checkbox"/> Maternal Grandmother |

Father*:

Mother*:

Name

Name

Street Address

Street Address

City/State/Zip _____

City/State/Zip _____

Place of Birth: _____

Place of Birth: _____

Employer: _____

Employer: _____

**or Legal Guardian(s)*

ANNUAL HOUSEHOLD INCOME: Check the box that matches the total income for ALL parent(s) or guardian(s) with whom you actually live.

- \$0 - \$20,000 \$20,001 - \$40,000 \$40,001 - \$60,000 \$60,001 - \$80,000
 \$80,001 - \$100,000 over \$100,000

How many minor children *other than yourself* reside in your home? _____

How many household members *other than yourself* will be enrolled in post-secondary educational institutions in the upcoming academic year? _____

Applicant's Employer: Are you currently employed? Yes No If yes, please provide:

Employer Name: _____

Avg. Hours Worked Per Week: _____

Avg. Weekly Income: _____

List the academic institution(s) to which you have applied, and indicate the status of your application(s):

<u>NAME OF INSTITUTION</u>	<u>ACCEPTED</u>	<u>REJECTED</u>	<u>WAITING TO HEAR</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which Institution do you plan to attend? _____

When do you plan to begin classes? (Month/Year): _____ / _____

Have you been awarded financial assistance from the school you plan to attend or from any other sources? Yes No

If yes, Source(s): _____ Amount Awarded: \$ _____

ACHIEVEMENTS:

List your scholastic achievements: (This may include honor roll, honor society membership(s), class rank, academic prizes/awards, etc.)

List your achievements/involvement in community-related and/or religious activities: (Community-related activities may include memberships in organizations/clubs or volunteer activities; list any leadership positions held. Religious activities may include church/religious institution attendance or memberships in organizations; list any leadership positions held.)

Please attach an additional page(s), if necessary.

RECOMMENDATIONS: Applications for the *Carlos J. DaLomba Scholarship* must include two (2) letters of recommendation. One recommendation letter should be from an individual who can comment on your religious and/or community participation. The other recommendation letter should be from an individual who can comment on your academic skills, abilities and potential. Please check here if you are submitting one or both of the letters with your application, and/or here if one or both of the letters will be submitted separately.

TRANSCRIPT: A copy of your most recent high school transcript **must** be submitted with your application.

COLLEGE ACCEPTANCE LETTER: A copy of your college acceptance letter **must** be submitted with your application.

****APPLICATION MATERIALS MUST BE RECEIVED NO LATER THAN JUNE 19th****

E-mail application submissions to: email@carlosjadalomba.org

Mail application submissions to: Carlos J. DaLomba Scholarship Foundation
57 Park Circle, S. Attleboro, MA 02703

- ❖ **Incomplete application submissions will not be considered for the scholarship award.**
- ❖ *By e-mailing this Application Form as an attachment or signing the Form below, I affirm that the information furnished in this application, including all attachment documents, is true and accurate to the best of my knowledge. I acknowledge that willful misrepresentation of information will result in disqualification for scholarship consideration.*

Signature

Date