



## The Aldo Della Croce Memorial Scholarship

### Application Form (Please print clearly)

Applicant Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street, City, State, Zip Code

\_\_\_\_\_  
Applicant's Signature Date

Expected date of applicant's 8th grade graduation: \_\_\_\_\_

Parent or Guardian name, email address, and phone number:

\_\_\_\_\_

*Italia-America Bocce Club* member in good standing signature and relationship to the applicant:

\_\_\_\_\_  
Member's name Relationship to applicant Date

office use only code: \_\_\_\_\_