



# The Aldo Della Croce Memorial Scholarship

## Application Form (Please print clearly)

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

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

\_\_\_\_\_ 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: \_\_\_\_\_