



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: _____



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Self-Statement Requirements

The *Italia-America Bocce Club* was founded through strong leadership and teamwork. The purpose of this self-statement is for the applicant to provide specific examples as to how he/she demonstrates leadership and teamwork through school and/or community service and/or activities.

- Do not place name on self-statement as a code system is used.
- Type, double spaced using Arial Font, Size 12.
- Word count range is 150 – 600. (Please indicate the word count at the end of the self-statement).

Please mail your self-statement and application to:

Mrs. Gayle Morris
3166 S. 59th Street
St. Louis, Missouri 63139
Attn: Scholarship Committee