



For official use only: Y \_\_\_\_\_

## **THE ENRICO FERMI EDUCATIONAL FUND OF YONKERS, INC.**

[www.enricofermi.org](http://www.enricofermi.org)

### **YONKERS SCHOLARSHIP APPLICATION-2022**

The Enrico Fermi Educational Fund of Yonkers, Inc. offers scholarships to graduating seniors from an accredited high school. Each student will be evaluated based upon his or her superior scholastic ability, evidence of leadership and involvement, service to school and community, outstanding character, and evidence of Italian heritage.

In order to be considered, an applicant must:

- Be a member of the graduating class in the year of the application and graduate with his/her class
- Be of traceable Italian heritage
- **Be a legal resident of the City of Yonkers**
- Have applied or be in the process of applying to a recognized and accredited post high school educational institution
- File a **completed application** on or before **March 15<sup>th</sup> (postmarked)** at the address given at the bottom of this page

The application **must** include:

- An official school transcript. The transcript must include 12<sup>th</sup> grade mid-year grades, 3 year average, class rank (if available), and test scores (SAT and/or ACT scores if available)
- A complete record of extracurricular activities/awards
- A complete record of service to the community
- At least **two** letters of recommendation from the school's professional staff
- An essay of at least **250 words (typed and double-spaced)** addressing the topic of ***how your Italian heritage has influenced your life and goals***
- A **wallet size photo** and completed **Certification and Acknowledgement form**

Payment of scholarship awards will be made to each recipient when actual attendance at the school of his/her choice is verified in writing.

**The Enrico Fermi Educational Fund, Inc.  
c/o Dr. Marie-Elena Liotta  
25 Old Church Road  
Greenwich, CT 06830  
ALL INFORMATION WILL REMAIN CONFIDENTIAL**

**THE ENRICO FERMI EDUCATIONAL FUND OF YONKERS, INC.**

**PERSONAL AND FAMILY INFORMATION**

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS, CITY, AND ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SCHOOL PRESENTLY ATTENDING: \_\_\_\_\_

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FATHER'S/GUARDIAN'S NAME: \_\_\_\_\_ LIVING: \_\_\_\_\_ DECEASED: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ (IF DIFFERENT THAN APPLICANT'S)

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

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MOTHER'S/GUARDIAN'S NAME: \_\_\_\_\_ LIVING: \_\_\_\_\_ DECEASED: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ (IF DIFFERENT THAN APPLICANT'S)

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

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TOTAL FAMILY INCOME: (PLEASE CIRCLE ONE)

Less than \$20,000    \$21,000-\$40,000    \$41,000-\$60,000    \$61,000-\$80,000    \$81,000+

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PLEASE VALIDATE YOUR TRACEABLE ITALIAN HERITAGE (I.E. PARENTS, MATERNAL/PATERNAL GRANDPARENTS – NAME AND BIRTHPLACE)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER FAMILY MEMBERS LIVING AT HOME OR AWAY AT COLLEGE:**

<b>NAME</b>	<b>AGE</b>	<b>SCHOOL/OCCUPATION</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**LIST BELOW THE SCHOOLS TO WHICH YOU HAVE APPLIED FOR ADMISSION FOR YOUR POST HIGH SCHOOL PROGRAM OF EDUCATION. INSERT ALL INFORMATION REQUESTED. LIST THE SCHOOLS IN ORDER OF YOUR PREFERENCE:**

<b>NAME OF SCHOOL</b>	<b>TUITION</b>	<b>ROOM/BOARD</b>	<b>OTHER EXPENSES</b>	<b>TOTAL</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**WHAT DO YOU PLAN TO STUDY?** \_\_\_\_\_

**WHAT PROFESSION DO YOU WISH TO PURSUE?** \_\_\_\_\_

**HOW DO YOU PLAN TO FINANCE YOUR COLLEGE EDUCATION?** \_\_\_\_\_

\_\_\_\_\_

**PLEASE LIST THE SPECIFIC FINANCIAL AID, MONETARY AWARDS AND SCHOLARSHIPS YOU HAVE APPLIED FOR AND THOSE WHICH YOU HAVE ALREADY BEEN AWARDED:**

<b>APPLIED</b>	<b>AWARDED</b>
_____	_____
_____	_____
_____	_____

HAVE YOU WORKED DURING THE PAST THREE YEARS? YES \_\_\_\_\_ NO \_\_\_\_\_

WHEN	WHERE	EARNINGS
_____	_____	_____
_____	_____	_____
_____	_____	_____

WHAT DID YOU DO LAST SUMMER? \_\_\_\_\_

\_\_\_\_\_

WHAT ARE YOUR PLANS FOR THIS SUMMER? \_\_\_\_\_

\_\_\_\_\_

PLEASE LIST ALL COMMUNITY SERVICE (RELIGIOUS AND/OR NON- RELIGIOUS) AND DATES OF SERVICE (ATTACH ADDITIONAL SHEETS IF NECESSARY):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST ALL EXTRACURRICULAR ACTIVITIES/AWARDS AND DATES (ATTACH ADDITIONAL SHEETS IF NECESSARY):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Certification and Acknowledgement

I, the undersigned, hereby acknowledge that I am the Applicant for the Enrico Fermi Scholarship, and do hereby state as follows:

That I have reviewed the information provided on the application and certify, to the best of my knowledge, that all information as stated on this application (and attachments, if any) is true and correct:

That I understand and acknowledge that as a candidate for an Enrico Fermi Scholarship, the Enrico Fermi Educational Fund of Yonkers, Inc. Scholarship Committee (hereinafter referred to as “the Committee”) has relied upon and considered the information and representations provided to the Committee by me:

That I further understand that the information provided to the Committee is used for the sole purpose of determining whether I should be awarded a scholarship offered by the Enrico Fermi Educational Fund of Yonkers, Inc.:

That I understand, that if I should receive a scholarship from the Enrico Fermi Educational Fund of Yonkers, Inc., and the Committee learns at some future date that the information supplied was false, inaccurate, and/or misrepresented to the Committee by me, that in that event, the scholarship received by me may be forfeited and any monies received by me shall be immediately returned to the Enrico Fermi Educational Fund of Yonkers, Inc.:

That I make these statements with the knowledge that the Committee is relying upon my representations as to the truth and accuracy of the statements and information being submitted.

\_\_\_\_\_

Print Name (Applicant)

\_\_\_\_\_

Signature

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent/ Guardian

Date: \_\_\_\_\_