

## Frank Trivigno Memorial Scholarship Fund SCHOLARSHIP GUIDELINES

The Frank Trivigno Memorial Scholarship Fund was established in 2013. When funds are available, 100% of these funds will be used to award scholarships to upcoming graduates that play High School sports. Please read scholarship guidelines carefully.

The application must be filled out completely and submitted to the Main Office by March 1<sup>st</sup>.

## FRANK TRIVIGNO MEMORIAL SCHOLARSHIP FUND Scholarship Guidelines

- > Scholarship awards will be dependent upon the financial status of the account used to fund the FTMSF scholarship fund.
- > Scholarships will be awarded on an objective and nondiscriminatory basis.
- Applicant must graduate and attend a 4 year college.
- ➤ The FTMSF scholarship committee, as well as the organization executive board will review all applications for the scholarship. The applicant's chosen will be announced at the award breakfast.
- The athlete for which a scholarship application is submitted shall include a letter from the player (not the parent) that contains a description of him or herself and their athletic experiences and accomplishments. Include how playing sports has impacted their life.
- The athlete will submit a letter of recommendation from their coach.
- ➤ In the event that a player does not go to college, 100% of the scholarship award must be refunded back to the association.
- ➤ Checks will be made payable directly to the educational institution in which the student has enrolled in to be used for tuition and/or books.



## Frank Trivigno Memorial Scholarship Fund

Today's Date	Return completed application to the Main Office			
	Appl	icant Information		
Name: Last:	First:			MI
Birth Date:	Age:	Sex: Male	Female	
Home Address:				
	Applicant	ts Sports Participation	n	
Sport:		Years Played:		
Sport:		Years Played:		
Sport:		Years Played:		
Sport:		Years Played:		
I understand that I am responsible one-time scholarship.	e for submitting the	following information	in order to apply	and be considered for a
<ul><li>Completed Scholarship A</li><li>Letter of recommendation</li><li>Letter from applicant des</li></ul>	on from applicant's o		has impacted the	ir life.
I certify that the information on Scholarship Committee will verify award. I understand that any fina an application if the terms and con	all information. Dencial assistance is a	eliberate misrepresentate committee process and	tion may result in	n termination of scholarship
Name of applicant:				
Signature of applicant:		Dat	re:	

Return to the Main Office by March 1