



CARLOS J. DALOMBA SCHOLARSHIP FOUNDATION

Application Form

The form must be completed in its entirety. If the answer to any question(s) is "not applicable" or "unknown", indicate where appropriate. You may attach additional sheets (8 1/2 x 11), if necessary.

Name: _____ Age: _____
Last First Middle

Address: _____
Number/Street/Apartment # City State Zip

Home Phone: (____) _____ Cell Phone: (____) _____ E-mail address: _____

Date of Birth: _____ Place of Birth: _____

High School: _____ Expected Graduation Date: _____

ANCESTRAL ORIGIN: In order to be eligible for the *Carlos J. DaLomba Scholarship*, an applicant must be of Cape Verdean descent. For the purpose of this application, "of Cape Verdean descent" means that either of your *biological* parents OR any of your *biological* grandparents must be Cape Verdean.

Please check all relatives listed below who are Cape Verdean:

- Father Paternal Grandfather Paternal Grandmother
- Mother Maternal Grandfather Maternal Grandmother

Father*:

 Name

 Street Address

 City/State/Zip
 Home Tel: (____) _____
 Place of Birth: _____
 Employer: _____

Mother*:

 Name

 Street Address

 City/State/Zip
 Home Tel: (____) _____
 Place of Birth: _____
 Employer: _____

*or Legal Guardian(s)

ANNUAL HOUSEHOLD INCOME: Check one - provide this information only for the parent(s) or guardian(s) with whom you actually live (child support, alimony, etc. should be included in this figure)

- \$0 - \$15,000 \$15,001 - \$30,000 \$30,001 - \$45,000 \$45,001 - \$60,000
- \$60,001 - \$75,000 over \$75,000

Applicant's Employer (if employed): _____ Avg. Hours Worked Per Week: _____
 Avg. Weekly Gross: _____

Do you expect to continue employment after high school graduation?(Check one) Yes No
 If yes, for how long? _____ At what weekly gross? _____

How many minor children *other than yourself* reside in the household specified above? _____

How many household members *other than yourself* will be enrolled in post-secondary educational institutions in the upcoming academic year? _____

List the academic institution(s) to which you have applied, and indicate the status of your application(s):

<u>NAME OF INSTITUTION</u>	<u>ACCEPTED</u>	<u>REJECTED</u>	<u>WAITING TO HEAR</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which Institution do you plan to attend? _____

When do you plan to commence classes? (Month/Year): _____ / _____

Have you been awarded financial assistance from any other sources? Yes No
If yes, Source(s): _____ Amount Awarded: \$ _____

ACHIEVEMENTS: List your scholastic achievements. (This may include honor roll, honor society membership(s), class rank, academic prizes/awards, etc.) _____

List your achievements/involvement in community-related and/or religious activities. (Community-related activities may include memberships in organizations/clubs, volunteer activities, independent contributions, etc.; list any leadership positions held. Religious activities may include church/religious institution attendance, memberships in organizations, classes attended, etc.; list any leadership positions held.) Please attach an additional page(s), if necessary. _____

RECOMMENDATIONS: Your application for the *Carlos J. DaLomba Scholarship* must include two (2) letters of recommendation. The Recommendation Forms should be given to the recommenders as soon as possible. One recommendation letter must be from an individual who can comment on your religious and/or community participation (i.e., pastor/priest, organizational employee). The other recommendation letter should be from an individual who can comment on your academic skills, abilities and potential (ie: school teacher, guidance counselor). The letter(s) can be emailed with your application, or can be emailed separately with the applicant's name in the subject line. Please check here if you are emailing one or both of the letters, and here if one or both of the letters will be separately emailed.

TRANSCRIPT: A copy of your most recent high school transcript **must** be submitted with your application.

COLLEGE ACCEPTANCE LETTER: A copy of your college acceptance letter **must** be submitted with your application.

****APPLICATION MATERIALS MUST BE RECEIVED NO LATER THAN JUNE 30th****

Applications can be emailed to: email@carlosjdalomba.org

Applications can be mailed to: Carlos J. DaLomba Scholarship Foundation
57 Park Circle, S. Attleboro, MA 02703

Applications must include: A completed application form Two recommendation letters
 A high school transcript A college acceptance letter

By e-mailing as an attachment or signing this document, I affirm that the information furnished in this application, including all attachment documents, is true and accurate to the best of my knowledge. I acknowledge that willful misrepresentation of information will result in disqualification for scholarship consideration.

Signature

Date