THE JOANNE LATTAVO
ENDOWED SCHOLARSHIP APPLICATION

DEADLINE FOR APPLICATION:
March 15, 2016

ELIGIBILITY CRITERIA:

☐ Financial Need
   *Must complete FAFSA & Walsh University
   Application for Financial Aid by deadline

☐ Full-time Student

☐ Junior or Senior Standing for Scholarship term
   (2016-2017)

☐ Must present artistic portfolio for review with
   application

*Please do not remove cover sheet*
**PERSONAL INFORMATION**

Name ____________________________________________________________

Student ID________________________________________ or SS# _____________________________________________

Home Address ____________________________________________

STREET __________________________ CITY __________ STATE _______ ZIP ______________

Campus Address ____________________________________________

BOX NO. __________________________ VOICE MAIL NO. __________ E-MAIL __________________________

Phone Number Home______________________________________ Cell_____________________________________

**COLLEGE INFORMATION**

Current Class Standing: ❑ Senior ❑ Junior ❑ Sophomore

Degree____________________ Program____________________________ Major____________________________

Cumulative Grade Point Average________ Fall Semester Grade Point Average________

I will complete graduation requirements by_______________________________________________________

*Must have Junior or Senior class standing for 2016-2017.

**EXTRA-CURRICULAR ACTIVITIES**

Please list activities and organizations in which you have participated at Walsh:

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

List all non-college related activities: ____________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

If selected for this scholarship, you have my permission to send a press release to local papers acknowledging my award. The local paper for my community is ____________________________________________ Your signature: __________________________

_I agree that the information provided is true and I agree to allow the Scholarship Committee to verify any or all information with the appropriate campus offices._

Signature___________________________________________ Date__________________________________________

*Please return to Carmela Bendetta, Scholarship Coordinator, by March 15, 2016*

Walsh University, 2020 East Maple Street, North Canton, OH 44720-3336 • Questions: 330-490-7596