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# Thomas Christopher DeLalla Memorial Scholarship

## Application

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**NAME:** \_\_\_\_\_ **GPA:** \_\_\_\_\_  
Type or print clearly through 1<sup>st</sup> semester senior yr.

**ADDRESS:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**HIGH SCHOOL:** \_\_\_\_\_ **GUIDANCE COUNCILOR:** \_\_\_\_\_

**COLLEGE:** \_\_\_\_\_ **INTENDED MAJOR** \_\_\_\_\_  
COLLEGE / OTHER INSTITUTION YOU PLAN TO ATTEND

This \$1000 scholarship will be awarded to the candidate who has best demonstrated commitment and leadership in organizations or activities to benefit others, the community and the youth of Mount Olive Township. Special consideration will be given for leadership and participation in activities and programs which benefit local community youth organizations (e.g. religious organizations, squares, youth groups, sports, scouting, other local youth based organizations).

- Please answer **all** of the following questions. Use additional paper as needed\*.

*Include all leadership positions and offices held.*

1. List **School Activities** and Year of Participation:
2. List **Community Activities** and Year of Participation:
3. List **Church/Religious Institution Activities** and Year of Participation:
4. List **Work Experience** - Business Name, Job Description and Year:
5. **Essay** (mandatory) - type or write an essay stating:
  - A) **WHY** a scholarship is important to you and
  - B) **WHAT** you did specifically that would qualify you as the best candidate to receive this scholarship.

- Provide any supportive information that will aid the Scholarship Committee.
- Return completed application to your Guidance Office by date indicated by your high school.
- Additional information can be obtained on line at: <http://www.kofc6100.org>

*\* The following is only a suggested format for your responses to questions 1, 2, 3 and 4.  
 Any format you submit will be acceptable.*

List Activity – include all leadership positions and offices held	√ Year of Participation			
	Freshman	Sophomore	Junior	Senior