



MIKE TRAFICANTE SCHOLARSHIP APPLICATION

Name: _____

Address: _____

—

Telephone Number: _____

High School _____ **Year Graduated** _____

Mothers Name: _____

Fathers Name: _____

School you will be attending _____

Course of study _____

Years played for CLCF Gals Softball
(specify years played)

What do you want to do after you graduate _

Tuition for school you will be attending _____

Are other scholarships being provided to the applicant, if so please list: _____

Have you ever applied for the Mike Traficante Scholarship before. If so please list the years of applications _____

Please List Any Academic achievements: _____

Extra curricular Activities: _____

List employment experience: _____

Will you be commuting or living on or near campus: _____

Signature of Applicant

Date