



Sicilian Cultural Association of St. Louis Scholarship Application

Applicant's Name: _____

Address: _____

Phone: _____

Email Address: _____

Current High School: _____

Graduation Date: _____

College/Trade School attending: _____

Sponsoring Member (Must be in good standing)

Address: _____

Phone: _____

Email: _____

Member Signature: _____ Date: _____

Applicant Signature: _____ Date: _____