

Medical Scholarship

AWARD APPLICATION



Michael LaViola was a member of the class of 2005 at Northern Valley Old Tappan, who died of Synomial Sarcoma in 2008. Michael was an avid sports fan, and played on the NVOT football team all four years of his high school career, wearing jersey number 70.

This \$2,000 scholarship is awarded each year by the Michael LaViola Foundation to a graduating senior of NVOT who shares Michael's passion for life.

The scholarship will be awarded to the candidate who best fulfills the following qualifications:

- The recipient must be pursuing their education in the medical field.
- Has a grade point average of 2.5 or higher.
- Has demonstrated school and community spirit.

Please return your completed application to:

**The Michael LaViola Foundation
48 Bi-State Plaza, PMB 239
Old Tappan, NJ 07675-7079**

I hereby apply for a scholarship from the Michael LaViola Foundation and submit the following:

1. A letter from me stating why it is important that I receive this scholarship. (Also include in your letter any additional information you would like to provide the committee that is not covered in the application form.)
2. This completed application signed by me and by one of my parents or guardians signifying their approval.

All information provided in this application will be kept confidential. Failure to provide all of the requested information or reasons why it cannot be provided will be cause to eliminate the applicant.

COMPLETE THE FOLLOWING:

(Attach additional pages if necessary.)

1. Name:

_____ (Last) (First) (Middle)

2. Home address:

3. Telephone:

4. Date of birth:

5. Father's full name:

6. Father's address:

7. Mother's full name:

8. Mother's address:

9. Father's employer:

_____ F/T P/T

10. Mother's employer:

_____ F/T P/T

11. Number of people living in your home:

Father: _____ Mother: _____ Other: _____

12. List ages of siblings:

Number in college now: _____

13. High school record:

Please provide your GPA: _____

(Please provide copy of high school record.)

14. S.A.T. scores:

Verbal: _____ Math: _____

Medical Scholarship

AWARD APPLICATION



15. List any special recognition you received for outstanding academic work: *(such as honors, prizes, awards, etc.)*

16. List any school related activities you have engaged in during your high school years: *(Include special recognition, offices held and years involved.)*

17. List any community activities you have engaged in during your high school years: *(Include volunteer, church, scouting, etc. and years involved.)*

18. Describe your work experience during high school: *(Include summers, family, and outside employers; specify paid or volunteer.)*

19. List the colleges to which you have applied *(in order of preference)* **and whether you have been accepted:**

20. College you plan to attend:

21. Course of study you will pursue:

22. Have you been awarded any scholarship or financial aid:

Yes No

List: _____

23. Describe your hobbies or special interests:

I certify that all statements contained in this application and the accompanying letter are true and correct, and that I believe that I am eligible to apply for this scholarship.

Applicant's signature:

Date: _____

This application and the accompanying letter meets with my approval. **Parent/Guardian signature:**

Date: _____