



# 2018 Dominick D. Critelli, Jr. Scholarship Application



Name  
(LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (M.I.) \_\_\_\_\_

Address \_\_\_\_\_ (Phone) \_\_\_\_\_

City \_\_\_\_\_ Province/  
State \_\_\_\_\_ Postal/  
Zip Code \_\_\_\_\_

High School \_\_\_\_\_ Graduation  
Year \_\_\_\_\_

High School  
Address \_\_\_\_\_

City \_\_\_\_\_ Province/  
State \_\_\_\_\_ Postal/  
Zip Code \_\_\_\_\_

Class Rank \_\_\_\_\_ Number  
In Class \_\_\_\_\_

Accumulative GPA \_\_\_\_\_ On A  
Scale Of \_\_\_\_\_

ACT Score (OPTIONAL) \_\_\_\_\_ SAT Score  
(OPTIONAL) \_\_\_\_\_

Name of Employer (if employed) \_\_\_\_\_

Employer  
Address \_\_\_\_\_

City \_\_\_\_\_ Province/  
State \_\_\_\_\_ Postal/  
Zip Code \_\_\_\_\_

\_\_\_\_\_  
Name of IFPTE member who is your Parent or Grandparent:

(NAME) \_\_\_\_\_ is a member of Local Number \_\_\_\_\_

How is this person related to you? \_\_\_\_\_