



2012 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) _____

If Employed, Name of Employer _____

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? _____