

**RICHARD T. NAPLES, SR.  
EDUCATION FOUNDATION, INC.**

2665 North Main Street  
Hubbard, Ohio 44425  
(330) 534-5145  (800) 356-9626

**2018 COLLEGE SCHOLARSHIP APPLICATION**

APPLICATION WILL BE DISQUALIFIED IF NOT COMPLETE.  
PLEASE TYPE OR PRINT ALL INFORMATION IN BLACK INK.

**SECTION 1: GENERAL INFORMATION**

NAME \_\_\_\_\_

SEX: MALE OR FEMALE

BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_

**EXPECTED COLLEGE GRADUATION DATE:** \_\_\_\_\_

CIRCLE YOUR FAMILY INCOME AS STATED ON YOUR TAX RETURNS.

A. UNDER \$30,000.00    B. \$31,000.00 - \$65,000.00    C. \$66,000.00 - \$99,000.00    D. OVER - \$100,000.00

HAVE YOU EVER BEEN EMPLOYED AT WHOLESALE FIREWORKS? **YES/NO**

HAVE YOUR PARENTS EVER BEEN EMPLOYED AT WHOLESALE FIREWORKS? **YES/NO**

IF YES, PLEASE LIST DATES: \_\_\_\_\_

**SECTION 2: COMMUNITY SERVICE/HONORS**

PLEASE LIST AT LEAST 2 COMMUNITY SERVICE PROJECTS OR HONORS WITHIN THE  
2017-2018 SCHOOL YEAR.

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**SECTION 3: THIS SECTION MUST BE COMPLETED AND SIGNED BY YOUR COLLEGE ADVISOR.**

STUDENT'S NAME:

\_\_\_\_\_

CUMULATIVE G.P.A.: \_\_\_\_\_ **MUST BE A 2.5 OR ABOVE (BASED ON A 4.0 SCALE)**

NAME AND ADDRESS OF COLLEGE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER OF COLLEGE: \_\_\_\_\_

NAME OF COLLEGE ADVISOR: \_\_\_\_\_

SIGNATURE OF COLLEGE ADVISOR: \_\_\_\_\_ DATE \_\_\_\_\_

**SECTION 4: APPLICANT'S SIGNATURE**

IN SIGNING THIS APPLICATION, I CERTIFY THAT THE INFORMATION GIVEN IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

**MAIL COMPLETED APPLICATION TO: Richard T. Naples, Sr. Education Foundation, Inc.  
2665 North Main Street  
Hubbard, Ohio 44425  
330-534-5145**

**RETURN WITH POSTMARK DATED NO LATER THAN  
MARCH 31, 2018**