


RICHARD T. NAPLES, SR.  
EDUCATION FOUNDATION, INC.  
2665 North Main Street \* Hubbard, Ohio 44425  
(330) 534-5145  (800) 356-9626

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**RETURN WITH POSTMARK DATED NO LATER THAN  
MARCH 31, 2022**

**2022 HIGH SCHOOL SCHOLARSHIP APPLICATION  
APPLICATION WILL BE DISQUALIFIED IF NOT COMPLETE.  
Please type or print all information. Black ink ONLY!**

**SECTION 1: GENERAL INFORMATION**

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sex: Male / Female

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expected College Graduation Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**CIRCLE YOUR FAMILY INCOME AS STATED ON YOUR TAX RETURNS**

- A. Under \$30,000      B. \$31,000 - \$65,000      C. \$66,000 - \$99,000      D. Over - \$100,000

Have you ever been employed at Wholesale Fireworks?      Yes / No

If yes, please list dates of employment: \_\_\_\_\_

Have your parents ever been employed at Wholesale Fireworks?      Yes / No

If yes, Father's name or Mother's maiden name: \_\_\_\_\_

**SECTION 2: ACTIVITIES & AWARDS/HONORS**

Please list all extracurricular and/or community service projects you have been involved in, as well as any awards or distinctions you may have received during high school. Additional sheets may be attached, and must include your name and school on all submissions.

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**SECTION 3: TWO LETTERS OF RECOMMENDATION REQUIRED**

If recommendations are sent separately, student's name and school  
MUST appear on all submissions

**SECTION 4: THIS SECTION MUST BE COMPLETED BY YOUR GUIDANCE COUNSELOR**

Student's Name \_\_\_\_\_

ACT Composite \_\_\_\_\_ SAT Composite \_\_\_\_\_

Rank in Class \_\_\_\_\_ In Class of \_\_\_\_\_

Cumulative G.P.A. \_\_\_\_\_ Must be a 2.5 or above. Based on a 4.0 scale

Is the student a member of the National Honor Society? YES / NO

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

High School Name \_\_\_\_\_

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

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Guidance Counselor Name \_\_\_\_\_

Guidance Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 5: APPLICANT'S SIGNATURE**

*In signing this application, I certify that the information provided is complete and correct  
to the best of my knowledge and belief.*

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

MAIL COMPLETED APPLICATION TO:

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Hubbard, Ohio 44425  
330-534-5145

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