


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

**RETURN WITH POSTMARK DATED NO LATER THAN
MARCH 31, 2023**

2023 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, and return with postmark dated by March 31, 2023.

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:

Richard T. Naples, Sr. Education Foundation, Inc.
2665 North Main Street
Hubbard, Ohio 44425
330-534-5145

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