

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

2025 COLLEGE SCHOLARSHIP APPLICATION

(CURRENT COLLEGE STUDENTS)

USE PDF EDITOR or CLEARLY PRINT IN BLACK INK ONLY ~ INCOMPLETE SECTIONS = DISQUALIFICATION
DEADLINE and POSTMARK DATE BY MARCH 31, 2025

SECTION 1A: GENERAL INFORMATION

NAME:	OFFICE USE ONLY:
ADDRESS:	HOME PHONE:
	CELL PHONE:
ZIP CODE:	DATE OF BIRTH: / /
CITY:	COLLEGE GRADUATION YEAR EXPECTED:
STATE:	CIRCLE: MALE / FEMALE

SECTION 1B: FAMILY INCOME FROM TAX RETURN

PARENT/LEGAL GUARDIAN SIGNATURE & NOTARY SIGNATURE REQUIRED – Notary complete in BLUE INK

PLEASE APPROPRIATE BOX

A: UNDER \$30,000 _____ B: \$30,001 - \$65,000 _____ C: \$65,001 - \$99,999 _____ D: OVER \$100,000 _____

I hereby certify under oath, that I am the legal parent or guardian of the applicant. The family income taken from my 2024 tax return, that I have stated under Section 1B, is true to the best of my knowledge and belief.

Parent/Legal Guardian Signature: _____

NOTARY CERTIFICATE OF ACKNOWLEDGEMENT

STATE OF:	CITY/COUNTY OF:	ON THIS DATE:
Sworn before me, _____, a notary public, _____, <div style="display: flex; justify-content: space-around; font-size: small;"> Notary's Name Printed name of Parent/Legal Guardian </div> a person known to me or who presented photo identification, as being true and correct to be the above-named person under section 1B who signed this document.		
_____ Notary Signature	SEAL/STAMP	
My commission expires on _____ <div style="text-align: right; font-size: small;">Date</div>		

SECTION 1C:

IF YOU OR YOUR PARENT HAVE EVER BEEN EMPLOYED AT WHOLESALE FIREWORKS, PLEASE COMPLETE THIS SECTION.		
Please list the year(s) you worked (ex:2024)	LOCATION : HUBBARD _____ NILES _____ N CANTON _____	
If parent worked, please provide parent's 1 st & last name (include mother's maiden name)		

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SECTION 2: COMMUNITY SERVICE/AWARDS/HONORS

Please list two (2) community service projects, awards, distinctions from the year 2024.

1 -

2 -

SECTION 3: MUST BE COMPLETED ENTIRELY & SIGNED BY A COLLEGE ADVISOR

STUDENT'S NAME:

CUMULATIVE GPA:

*BASED ON 4.0 SCALE – APPLICANT **MUST BE 2.5 OR ABOVE TO APPLY***

UNIVERSITY/COLLEGE NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

ADVISOR'S NAME:

PHONE:

ADVISOR'S SIGNATURE:

DATE:

SECTION 4: 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.

APPLICANT'S SIGNATURE:

DATE:

PLEASE REVIEW ALL SECTIONS!
ALL SECTIONS MUST BE COMPLETE BEFORE MAILING TO:

RICHARD T. NAPLES, SR.
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2665 N. MAIN ST.
HUBBARD, OH 44425

DEADLINE MARCH 31, 2025 – POSTMARK DATE - NO EXCEPTIONS