Melissa Cafazza Memorial Scholarship Application

Deadline: April 1, 2024

Please mail Schoalrship Applications to: 4724 East Golike Lane Bethalto, Illinois 62010

Please type or print your answers. If application is illegible it will be returned to you.			
1.	Last Name: Fir	st Name:	
2.	Mailing Address: Street:		
	City: County:		ZIP:
3.	Daytime Telephone Number: ()		
4.	Date of Birth: Month Day	Year	
5.	Please make sure this is an email address you check frequently.		
	Email:		
6.	Academic awards received:		_
	Athletic awards received:		
	Other:		
7.	I will be attending the following school in the Fall of 2024: Proof of current student enrollment from the above school, in writing, is required by August 12, 2022. IF you are awarded a		
	scholarship!		
8.	Grade Point Average (GPA): (On a 4.0 scale) Attach proof of GPA.		
9.	ACT Score:		
	Or If providing a score, a copy of your ACT or SAT score sheet must be attached. SAT Score:		
10.	250 + word essay (attach to application)		
	Why did you start running? How do you stay motivated? What do you hope to achieve through running?		
11.	List the name, email address and phone number for any charachter references we can contact:		
	A.		
	B.		
	C.		