

JOE ZERILLA MEMORIAL SCHOLARSHIP

PERSONAL INFORMATION (PLEASE PRINT)

Applicant's Name (First) (Middle) (Last)

Varsity Sport(s)

School Activities

Community Activities

Post-Secondary School Planning To Attend

Field of Study

Parent/Guardian's Names

Applicant's Signature

ACADEMIC INFORMATION (To be completed by High School Counselor)

Cumulative High School Grade Point Average _____

Cumulative High School Class Rank _____ in a class of _____

SAT Scores _____ ACT Composite Score _____

Counselor Signature _____ Date _____

COMPLETED APPLICATIONS SHOULD BE RETURNED TO THE GUIDANCE OFFICE - REQUIRED CRITERIA:

1. Demonstrate a commitment to and involvement in athletics in senior year.
2. Ambridge Area High School graduate in 2025
3. Application should be turned in to the guidance office by MAY 1, 2025.

Counselors will fill attach transcript after all applications have been turned in

4. Parents W-2 should be included to demonstrate financial need