| SCHOLARSHIP APPLICATION FOR 2018Bill Zito Scholarship |
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| Applicant Information |
| Name: | Date: |
| Email Address: |
| Street Address: | Phone: |
| City: | State: | ZIP Code: |
| PROGRAM INFORMATION |
| Name of School: |
| Contact Person: | Email: |
| Street Address: | Phone:  |
| City: | State: | ZIP Code: |
| Major: | Anticipated Graduation Date: |
| FACULTY RECOMMENDATION |
| **Please attach a letter of recommendation from a school faculty member, and have them sign below:***I recommend this individual for the Bill Zito Scholarship:*  |
| Print Name: | Phone: |
| Signature: | Title: |
| STUDENT SIGNATURE |
| Print Name: |
| Signature: |
| ATTACHMENTS |
| **Please attach the following:** * **500-1,000 word essay describing your interest in the packaging field and your career goals**
* **Copy of transcripts indicating a GPA of 3.0 or higher**
* **Letter of recommendation from a school faculty member**
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