| SCHOLARSHIP APPLICATION FOR 2018  Bill Zito Scholarship | | |
| --- | --- | --- |
| 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** | | |