

**2020 Michael & Ann DeSisti UNICO Scholarship**

**and**

**The UNICO Foundation Scholarship Application**

**Introduction**:

The Sayre Chapter of UNICO sponsors a combined 4-year scholarship consisting of the Michael & Ann DeSisti UNICO scholarship and the UNICO Foundation Scholarship.

**Eligibility Requirements**:

1. Students must:
   1. Be a member of the senior class;
   2. Be eligible for graduation;
   3. Be able to show proof of acceptance at an accredited college or university;
   4. Enroll in the specified college/university in the summer or fall of the year graduated from high school;
   5. Major in Special Education or a related field and plan to enter into a career working with the mentally and/or physically challenged.

NOTE: A major in Special Education has priority over related fields in the selection process if candidates are considered equally qualified.

1. Eligibility shall be based upon scholarship and financial need.
2. Any member of the immediate family of a Unican shall not be eligible.

**Limit of Scholarships**:

The Michael & Ann DeSisti Scholarship is a 3 year award for $1000 per year paid at the beginning of the 2nd semester of each year. The UNICO Foundation Scholarship is a 2 year award not exceeding $3000 over 2 years beginning in the Junior year. This award will also be paid at the beginning of the 2nd semester each year. The awards will be made payable to the student and the Financial Aid Office of the college/university to which the student will matriculate.

**Instructions**:

1. Please type or print all information.
2. Return completed application to your School Counselor who should then complete the attached recommendation and mail it with your high school transcript to:

UNICO Awards Committee

C/o Daryl Rich

118 N. Elmer Ave

Sayre, PA 18840

Or [wdarylrich@gmail.com](mailto:wdarylrich@gmail.com)

1. **All applications are due no later than April 21, 2020**
2. Scholarship winners will be announced during the beginning of May.
3. The scholarship winner will also be announced to the membership at the Annual UNICO Awards Dinner in June and a certificate presented.

**APPLICATION**

**PERSONAL DATA**

Name

Address

City State Zip   
Phone Date of Birth

High School

Father’s Name

Occupation Employer

Mother’s Name

Occupation Employer

Number of Siblings Number currently attending college

If so, indicate which college/university they are attending

If someone other than your parents supports you, please indicate below.

Name

Relationship

Address

City State Zip

Occupation Employer

**COLLEGE AND CAREER GOALS**

Where do you plan to attend college?

Have you been formally accepted?

What degree do you plan to receive?

When do you plan to graduate?

What are you plans after receiving your degree?

**ACTIVITIES AND HONORS**

Please list any activities in which you participate and/or honors you have received.

High School Activities

1. Academic Honors
2. Offices, Clubs, etc.
3. Extra-Curricular

Community Activities and Honors

**EMPLOYMENT**

For each position held, please list:

1. Company
2. Address
3. Position
4. Supervisor
5. Hours worked per week
6. Dates held

Do you have any experience working with special needs populations? If so, please explain.

Do you plan to work part-time while attending college?

If Yes, how many hours per week?

Do you plan on working next summer?

What type of work are you particularly interested in for summer employment?

**FINANCIAL DATA**

Expenses

Approximate cost of schooling per year:

Income

Parent’s/Guardian’s Income:

Applicant’s Income:

Other Financial Aid applied for (e.g., FAFSA):

Specifically, please attach a copy of your FAFSA application; also attach a copy of any other aid applications or awards.

Are there any special financial circumstances that the scholarship committee should consider in reviewing your application?

To the best of my knowledge, I have provided the Sayre Chapter of UNICO full information regarding all the questions on this application. I agree to report to the Sayre Chapter of UNICO any changes which would affect my financial status; such as, additional scholarships or loans. I understand that failure to provide true and complete financial information could mean withdrawal of all financial assistance from the Sayre Chapter of UNICO.

Signature of Applicant Date

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date

**COUNSELOR RECOMMENDATION**

Name of applicant

High School

I have known the applicant for (length of time)

Please indicate the applicant’s class rank achieved during their high school career:

1. Student ranks in a class of students.
2. Numbers of quarters/semesters on which rank is based .

Applicant’s grade point average: Out of a possible:

How would you describe the applicant’s conduct, character, and personal qualities? Please explain below.

1. Below Standard
2. Entirely Satisfactory
3. Exemplary

Comments:

Signature

Title Date