



Valerie Lynn Palermo SMILE Scholarship Application Form

Applicant Name: _____

Home Address: _____

School You Plan to Attend: _____

Enrollment date: _____

Planned major: _____

E-mail address: _____

Please answer the following items in a single essay.

Spelling and grammar are as important as content and completeness. Please proofread your work.

1. Why should you be awarded this scholarship?
2. Describe your career goals following high school and college.
3. Tell us about any school activities, clubs, organizations, or sports teams you are involved with, and why you are passionate about them.
4. Tell us about any organizations outside of school you are involved with, and who benefits from your involvement.

Include this cover page, and at least two letters of recommendation with your essay.

(Please try to provide one recommendation letter from within the school community, and one from outside.)

Your completed application should be submitted to VLPSMILEScholarship@gmail.com or mailed to VLP SMILE Scholarship, 35 Sanfilippo Circle, Rochester, NY 14625 by May, 15th, 2017. Incomplete applications will not be considered.

We're looking forward to reading your submissions!

Philip Palermo