

## APPLICATION FOR THE ANTHONY BRUCIA SUCCESS AWARD

Student's Name:		Date of Birth:	Grade:
Student's Address:		City	Zip
Student's Phone Including Are	ea Code:		
Student's Email:			
Name of High School:		Name of School Distric	ot:
(The Contact Person must be someone who has your permis School Contact's Phone # incl Contact's Email:	someone who knows ssion to verify the con uding Area Code:		Personal Narrative, and is
My future career plans are to a	attend (check as appro	opriate)	
College Vocational School	Name(s)		
Military	Name(s)		
Employment	Branch		
p.oymone	Type of Employme	nt	

I hereby authorize my school to release a transcript and other information, as may be necessary concerning this scholarship application.

I hereby authorize the person designated above as Contact Person to verify the content of my Personal Narrative and/or to clarify questions, if necessary.

I hereby verify that I am a senior in good standing and will graduate at the end of the current academic year.

	Student's Signature	Date	Parent/Guardian's Signature	Date
--	---------------------	------	-----------------------------	------

## Enclosed, in addition to this application form, please find all of the following items intended to complete my application for the Anthony Brucia Success Award:

- 1. A Personal Narrative, which tells your story. It describes the obstacles you have faced, your progress despite difficulties and your plans for future success
- 2. Two letters of recommendation
- 3. Activities record and employment history
- 4. Transcript freshman through first semester of your senior year *Note: Double-check your phone # (with area code) and email address*

Applications must be postmarked no later than March 29, 2024

<u>Mail to:</u> Sergio Mendoza Anthony Brucia Success Award 2515 Sequoia Ave. Sanger, CA 93657