



The Joe and Kay Calvanese Scholarship
P.O. Box 23
Plantsville, CT 06479

Complete the following form and submit it by the 15th of April.

Applying for:

- Nursing Scholarship**
- Melanie Rossini Elementary Education Scholarship**
- Dr. Kilowatts Electrical Scholarship**

Class Rank: _____

Student Name: _____ Date of Birth: _____

Address: _____ Telephone #: _____

Town/City: _____ State: _____ Zip: _____

School you now attend: _____

Father's (or husband's) Name: _____

Address: _____ State: _____ Zip: _____

Place of Employment: _____

Occupation: _____ Number of Years: _____

Mother's (or wife's) Name: _____

Address: _____ State: _____ Zip: _____

Place of Employment: _____

Occupation: _____ Number of Years: _____

Number of Children in Family: _____

Attending: Elementary School High School College

Are you currently employed: Yes No

Place of Employment: _____ How long: _____

Colleges applied to: (In order of preference)

1. _____ 2. _____ 3. _____

Intended Major: _____

School Activities (if applicable):

Honors and Awards:

Community Involvement:

Brief Essay: "My Career Goals"