

Educational Financial Assistance Program

"In Memory of Anthony Cipparone"

Anthony Cipparone was a successful businessman and entrepreneur who achieved his dreams through hard work and dedication. Additionally, he poured himself into his business ventures. His passion and drive for his work resulted in a long and successful career in both the restaurant and real estate development industries, spanning more than 20 years.

As someone who would light up a room, Anthony was known for his fun-loving personality, contagious laugh, and heart of gold. His remarkable character was obvious to everyone who came in contact with him. His charisma attracted others to him, and it was clear everyone wanted to be around him.

A dedicated family man, Anthony's wish for his own children, and other young men and women aspiring for a successful future was to establish a strong work ethic, never stop learning, set high goals and make a positive impression on every person you meet. He was always willing to provide guidance and advice for those in need. Anthony was an example of this way of life and his memory will continue through the lives of others who follow his path.

Criteria for Applicants:

- Assistance is for motivated students displaying evidence of both financial need and strong moral character.
- Applicants must be full-time students, entering either an accredited four-year college/community college or technical school, and be enrolled for a minimum of 12 credit hours.
- 3. Applicants can be of any faith but must reside in Seminole or Volusia Counties or be attending Bishop Moore or Father Lopez High Schools.
- 4. Applicants must have a minimum of a 2.5 GPA.
- 5. Applicants MUST complete and verify FAFSA, (i.e., a Pell Grant) and apply for other scholarships or loans.
- 6. Applications must be post marked or electronically submitted by March 29, 2021. If requested, applicants must be available in the evening for a virtual interview during the week of April 12-16, 2021.
- 7. The scholarship money will be deposited in a student's account at his/her school of choice.

Recipients **should plan to attend** a socially distanced SVDP Scholarship Awards Ceremony at 7 PM on Monday, May 19,,2021, in Sanford, Florida.



Society of St. Vincent All Souls Conference Educational Financial Assistance Program

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2021 Application Form

To be completed by student

Section A: APPLICANT

High School:			GPA		
Student Name: Last	First _		Middle _		
Street Address	_				
City					/
Phone C	ell Phone	Email			
Father's Name: Last	First	Occupation			
Mother's Name: Last	First	Occupation			
Name of school/institution for order schools you are apply		nce is requested	I. If not kno	wn ye	t, list in
First	C	ity		_ Stat	:e
Second	C	City State		te	
Curriculum Major	Fie	eld of future emp	oloyment _		
Specify number of credits pe	er term:				
Student will (check one):	☐ live on campus ☐	live off campu	s 🔲	comm	ıute
Has any member of your im	mediate family attended	a college or univ	/ersity? 🗀	Yes	☐ No
Has any member of your im	mediate family received	a college degree	e?	Yes	■ N

Section C: WORK EXPERIENCE

Describe any work experience during the past four years.

Position	Employer	From	То	Hours	Rate of
		Mo/Yr	Mo/Yr	per Week	Pay

Section D: ACTIVITES, AWARDS AND HONORS

List all school and community activities in which you have participated during the last four years, including any offices you have held. Examples are school clubs, student government, yearbook, sports, band, choir, religious activities, volunteer work, etc.

Activity	Number of Years	Offices, Awards, Honors

Section E: PERSONAL ESSAY

Please attach a one-page personal essay describing "you." Include your achievements, plans for the future, personal academic and career goals, and interest in giving back to the community. Include any special family or personal circumstances that you feel warrant attention.

Section F: FINANCIAL INFORMATION

Please list the scholarships, grants and loans for which you have applied, and the amount awarded. FAFSA APPLICATION AND RESULTS ARE REQUIRED.

List all Scholarships, Grants or Loans	Amount Awarded	Amount Pending
1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$
5.	\$	\$
6.	\$	\$

Section G: CERTIFICATION

I hereby certify that the information provided on this form is complete and accura	te to the best of my knowledge.		
Applicant Signature	Date		
Email completed application to svdpscholarshipallsouls@gmail.com Or			
Mail/Hand-Deliver applications to:			

St. Vincent de Paul Educational Financial Assistance Program 301 West 8th Street Sanford, FL 32771