

THE MICHAEL R. MALINOWSKI MEMORIAL SCHOLARSHIP

Address: c/o Nancy Malinowski - 215 S. Union Ave. Cranford, NJ 07016

Email: mikemal.scholarship@gmail.com

SCHOLARSHIP APPLICATION

Name:	
Street Address:	Town:
Email:	Cell:

APPLICATIONS MUST BE EMAILED OR POSTMARKED TO THE ABOVE ADDRESS BY MAY 1ST

Please mark the envelope Re: Malinowski Scholarship Application

Please place in the subject line of the email: Malinowski Scholarship Application

The Michael R. Malinowski Memorial Fund Board relies on the information provided on the following pages of this application for the selection of scholarships. This information will be verified by the Athletic Department.

SIGNATURES

A parent/guardian must sign the application to validate the accuracy of the information submitted. By signing this application, we certify that all of the information reported is complete and accurate.

Applicant signature _____ Date _____

Parent/Guardian signature _____ Date _____

PLEASE COMPLETE THE FOLLOWING PAGES OF THIS APPLICATION.

THE MICHAEL R. MALINOWSKI MEMORIAL SCHOLARSHIP

APPLICATION QUESTIONS

EDUCATION

	School Name	Years
Elementary		
Middle School		
High School		

List all colleges/institutions to which you have applied in order of preference and whether you've been accepted or the admissions decision is still pending.

College/Institution	Accepted/Pending	Annual Cost (tuition, room/board)
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Intended Major: _____

Will you be continuing any sports in college? If so, what sports?

THE MICHAEL R. MALINOWSKI MEMORIAL SCHOLARSHIP

- 4. How have sports changed your life? How will this be applicable in college and throughout your future? You can include anything from learning to play as a child through your high school career and watching professional leagues. (300 words minimum.)**