

2025 APPLICATION FOR: VOCATIONAL/TRADE /PROFESSIONAL LICENSE

Name of Submitting School:	
School Contact:	

STUDENT PERSONAL	L	INFORMATION	N (please print clearly	
FIRST NAME	LAST NAME			
ADDRESS				
CITY			ZIP	
PHONE	EMAIL			
	STUDENT PROFILE			
1. Indicate which trade/vocation	on you wish to pursue:			
(a) What is the length of the program? (months, years, etc.)				
2. Why do you wish to pursue	this trade/vocation?			
3. At which institution/school h	nave you applied and/or been a	ccepted? (Inclu	de address and	
telephone number)				
Why?				
4. What is the total cost to atte				
5. List financial aid and/or sch	olarships received to date			

6. What is your family's gross annual ind (Please note: You must attach the first tw federal tax returns. If your parents are fincome tax returns).		
7. What are the ages of your siblings? _		
(If any in college, indicate name of school)		
(Indicate part time or full time)		
8. What is your Italian heritage ? (please p	provide the town or region in Italy you	ır father or mother's
ancestors emigrated from)		
9. Why should you be awarded a Montvi	ille UNICO Vocational/Occupational/1	rade Grant? (please
attach additional sheet of paper to complete	e this answer)	
We hereby certify that all information giv		
	·	
Parent or Guardian Signature	Student Applicant Signature	Date
 The information you provide herein is considered must see it in the course of their duties concerning This application is not complete without an oftax returns. 	g Montville UNICO scholarships.	·

This form with all requested materials must be *received* at the address below **no later than April 18, 2025**.