

2026 David J. Tacchino Scholarship and Education Grant Application-Due 3/14/26

Date of Application: _____

Student's Name:

Last	First	Middle
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Address:

Number & Street	City	State	Zip Code
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Cell Phone: _____
Area code – number

Date of Birth: _____ Place of Birth: _____

Is the Applicant a U.S. Citizen or Legal Resident Alien?

Best ACT score: _____

Best combined SAT Score: Best Verbal: _____ Best Math: _____ Total: _____

Graduation Date: _____ Class Rank: _____ Total Number in Class: _____

Have you taken a class in American History? Yes: _____ No: _____ Grade Received: _____
(Required to receive this scholarship)

Are you a candidate for an Honors Diploma? Yes: _____ No: _____

Proposed major or collegiate/trade school field(s) of study:

A: _____ B: _____

Institution (s) of post-high school study. List in order of preferences.

1. _____ 3. _____
2. _____

List the number of semester classes you have completed in honors courses.

English _____ Math _____ Social Studies _____ Science _____

List the number of semester classes you have completed in elective courses.

Art _____ Foreign Language _____ Home Economics _____ Industrial Arts _____

Music _____ Computer Science _____

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STUDENT ESSAY (Part 1): In the space provided below, briefly state your goals and objectives for continuing your education.

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STUDENT ESSAY (Part 2): In the space provided below, state what the American Flag means to you.
(Please limit to 200 words or less)

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PROPOSED BUDGET FOR YOUR FIRST YEAR OF HIGHER LEARNING

EXPENSES		INCOME	
Room & Board	\$	Employment*	\$
Clothing	\$	Aid from parents	\$
School Supplies	\$	Savings	\$
Tuition	\$	Scholarships	\$
Transportation		Other	\$
		GRAND TOTAL	\$

*Employment means full or part time, including summer jobs.

FINANCIAL STATEMENT - TO BE COMPLETED BY PARENT OR GUARDIAN (All responses will be held in strict confidence)

Name of Parent(s)

Guardian(s): _____
Father/Step-Father/Guardian
Mother/Step-Mother/Guardian

Number of other children in family: _____ List ages: _____

Number of other children in college: _____

Does the applicant work? _____ Type of work? _____

Could applicant attend college without financial aid? _____

Father's Occupation: _____

Mother's Occupation: _____

Annual gross parental income (from most recent IRS form 1040): Indicate by checking one of the following:

____ Under \$20,000	____ \$40,001 to \$45,000	____ \$70,001 to \$80,000
____ \$20,001 to \$25,000	____ \$45,001 to \$50,000	____ \$80,001 to \$90,000
____ \$25,001 to \$30,000	____ \$50,001 to \$55,000	____ \$90,001 to \$100,000
____ \$30,001 to \$35,000	____ \$55,001 to \$60,000	____ \$100,001 to \$120,000
____ \$35,001 to \$40,000	____ \$60,001 to \$70,000	____ \$120,001 and over

Rent or Own Home: _____ If Own, Market Value of home this year: \$ _____ (A). Amount of Mortgage Owed: \$ _____ (B). Home Equity (A-B): \$ _____ (C). Total other assets (Bank Accounts, Stocks, etc): \$ _____ (D). Total of net assets: \$ _____ (C&D).

Medical Expenses: Amount of Medical / Dental expenses paid this year that were not covered by insurance: \$ _____.

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Please add any additional remarks or information about your family financial status which you feel might assist the committee. Attach additional sheets if necessary.

The below-signed certify that all information given within this application is true, complete and correct to the best of their knowledge:

Signature of Applicant; Either use Adobe eSign or simply Prnt out and sign

_____ Date: _____

Signature of Parent(s) or Guardian(s):

_____ Date: _____

_____ Date: _____