



Chris Antonelli New England Scholarship Fund



Please answer all questions completely & legibly
using a separate sheet if necessary.

1. Name: _____ Date: _____
Last First Middle

2. College: _____
Street City State Zip

3. Permanent: _____
Street City State Zip

4. Telephone: _____ E-mail: _____

5. Date of Birth: ____/____/____ Place of Birth: _____

6. Male: _____ Female: _____ 7. Marital Status: Single: _____ Married: _____

8. Name of High School graduated from: _____
Address: _____
Street City State Zip

9. College attending or graduated from: _____
Address: _____
Street City State Zip

10. Program of study in college: _____

11. If a college student, what is your present status: _____
Freshman: _____ Sophomore: _____ Junior: _____ Senior: _____ Post Graduate: _____

12. Specify the Provisional Teaching Certificate you now hold or that you will be awarded at the completion of your program of study: _____

13. Year of graduation from college: _____

14. List below your employment record with dates to the present: _____

15. Are you now employed by a Board of Education or Welfare Department engaged in the teaching of persons with intellectual disabilities? Yes _____ No _____

16. If Yes List the name and address of present employer:

Name: _____

Address: _____
Street City State Zip

17. If No will you be teaching the intellectually disabled the next school year Yes _____ No _____

18. Is it necessary that you work while taking this special training: Yes _____ No _____

19. Identify & describe your work & volunteer experience, especially those which involve children:

20. Indicate your reasons for choosing to work with persons with intellectual disabilities:

21. Identify the goals you expect to achieve in working with persons with intellectual disabilities:

22. In what college or university do you expect to take this special training?

Name: _____

Address: _____
Street City State Zip

23. Do you plan to be a full-time student? _____ Part-time? _____

If part-time, how many semester hours will be taken? _____

24. Total cost for the semester: \$ _____

ITEMIZE: Tuition: \$ _____ Books: \$ _____ Registration: \$ _____

25. Exact dates of the semester: _____

26. Are you receiving assistance from any other source? (Including family) Yes _____ No _____

If yes, what type of assistance? _____

27. Did you learn of this fund from a UCT member? Yes _____ No _____ From whom _____

If no, how did you hear of this fund? _____

28. On a separate sheet of paper please list in your own words any additional information which will assist the committee in judging your merit as a recipient of this scholarship award.

29. Please include a copy of your transcripts and a copy of your acceptance letter.

Mail To
Alfred J. Maddalena
53 Roxbury Court
Niantic, CT 06357

If I qualify for and accept the assistance allowed, I hereby promise to spend at least one (1) year teaching persons with intellectual disabilities.