



Valerie Lynn Palermo SMILE Scholarship Application Form

**Applicant Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_

**School You PlantoAttend:** \_\_\_\_\_

**Enrollment date:** \_\_\_\_\_

**Planned major:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Please answer the following in a single essay.**

**Spelling and grammar are as important as content and completeness. Please proofread your work.**

Tell us about the most influential person in your life and how they have helped turn you into the person you are today. Explain how you intend to pay it forward and what you've done or plan to do to better society.

**Include this cover page, and at least two letters of recommendation with your essay.**

(Please try to provide one recommendation letter from within the school community, and one from outside.)

**Your completed application should be submitted to [VLPSMILEScholarship@gmail.com](mailto:VLPSMILEScholarship@gmail.com) or mailed to 35 Sanfilippo Circle, Rochester, NY 14625 Incomplete applications will not be considered. Essays must be received no later than April 30, 2019.**

We're looking forward to reading your submissions!

Philip Palermo