*Due No Later Than March 15, 2022*

The Rob Filippone Skilled Trade Award will be presented to a High School student from the Ken-Ton area that will graduate by June 2022. This grant is designed to offer financial assistance to a Ken-Ton student to help them realize their educational and career goals in the field of a skilled trade.

The purpose of this educational grant is to give financial assistance to individuals who are continuing their education. This educational award may be used for tuition, fees, supplies needed to continue your education, uniforms, etc.

The amount of the award will be up to $1000.00 based on the committee’s recommendation.

**Criteria that the committee will consider include:**

* **Nominee should be a Senior or in their last year of school at the time of applying.**
* **Letter of recommendation from a current instructor. (include with your application.)**
* **Must be a Ken-Ton resident.**
* **In essay form please answer the following questions**. Be specific and use examples. Your words can make the difference. Please put your name at the top of each separate sheet of page you use:

1. What are your educational/vocational goals and plans for the future?

2. What is the name and address of the school you plan on attending?

3. Why should you be considered for the Rob Filippone Skilled Trade Award Award?

4. Please explain your circumstances on why you should be selected for this award.

**Failure to answer all questions may disqualify you from the program.**

Deadline: All material must be received by *March 15, 2022*

*(Please Print or Type)*

Nominee’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_

Cell Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School now attending:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year/Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher or Counselor recommending you for this award: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_

School Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)/ Guardian(s) Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_

Phone # & email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return **four copies of all materials** to:

Ken-Ton Friends of Youth Foundation, Inc.

P.O. Box 607

Kenmore, N.Y. 14217

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For more information on the Ken-Ton Friends of Youth Foundation, Inc. please visit our web site at: *www.kentonfriendsofyouth.org*