

**SCHOLARSHIP NAME:**

**ANDREW D. ROSSETTI SCHOLARSHIP  
AWARD COVERSHEET**

**APPLICANT NAME:** \_\_\_\_\_

**REQUIRED:**

**Andrew D. Rossetti Scholarship application must be completed – see attached application and counselor appraisal**

**(Counselor appraisal will be completed by counselor after application is completed and returned to Ms. Friend-Griffing, Guidance)**

**Return by the due date to Guidance Office.**

**Due date:** 4/18/24