



FOUNDATION

# MARK VINCENT PELINI FOUNDATION SCHOLARSHIP

A scholarship will be awarded by the Mark Vincent Pelini Foundation to one or more graduating seniors from a high school in Ohio's Mahoning Valley to assist financially with postsecondary education. Scholarships will be paid directly to the institution where the recipient is pursuing further education and/or training. *Please submit your complete application package on or before March 9, 2024 to:*

MVPScholarship@gmail.com

or

MVP FOUNDATION SCHOLARSHIP  
C/O MARK VINCENT PELINI FOUNDATION  
PO Box 3414  
Boardman, Ohio 44513

## THE MARK VINCENT PELINI FOUNDATION MISSION

The Mark Vincent Pelini Foundation is made up of a committed group of family, friends, and volunteers dedicated to raising funds to support educational scholarships and programs, athletic programs, and community-driven initiatives as a way to honor the memory of Mark Vincent Pelini.

To learn about the Mark Vincent Pelini Foundation, visit [markvincentpelinifoundation.org](http://markvincentpelinifoundation.org).

## A RENEWABLE SCHOLARSHIP

The Scholarship will be awarded on an objective and nondiscriminatory basis to students who have taken leadership roles in school, home, and or community activities and who have demonstrated outstanding character, a love of learning, a commitment to helping others, and a capacity for future personal and professional success shown by a minimum 2.5 high school GPA. The Scholarship is renewable upon proof of continuing enrollment and satisfactory progress.

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## MARK VINCENT PELINI SCHOLARSHIP APPLICATION

### INSTRUCTIONS FOR STUDENTS

1. Complete the following scholarship application form. **THE APPLICATION DEADLINE IS MARCH 1, 2026.**
2. In considering the activities, employment, awards, and honors to list in this application, choose the ones that best exemplify your leadership, your love of learning, and your dedication to helping others, in honor of Mark Vincent Pelini.
3. Compose and submit two essays (each 250 to 350 words) on the topics stated in the application.
4. Ask one faculty member, coach, or employer to submit a recommendation on your behalf on or before the application deadline.



# MARK VINCENT PELINI FOUNDATION SCHOLARSHIP

## STUDENT BACKGROUND INFORMATION *(all is required)*

### *STUDENT NAME*

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Student email address: \_\_\_\_\_

Student Phone: \_\_\_\_\_

### *STUDENT ADDRESS*

Street Address Line: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: OH Zip: \_\_\_\_\_

## STUDENT'S PARENT(S) OR GUARDIAN(S) *(Provide at least one contact person.)*

### *FIRST PARENT OR GUARDIAN*

Name: \_\_\_\_\_

Home or Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### *SECOND PARENT OR GUARDIAN*

Name: \_\_\_\_\_

Home or Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_



**HIGH SCHOOL NAME:** \_\_\_\_\_

**CUMULATIVE GPA:** \_\_\_\_\_

**POSTSECONDARY INSTITUTION WHERE STUDENT WILL ATTEND:**

Name of Institution: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

Anticipated Program or Major: \_\_\_\_\_

Address of Institution: \_\_\_\_\_

Street Address Line: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CONTACT INFORMATION FOR FINANCIAL AID OFFICER:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**ACTIVITIES, EMPLOYMENT, AWARDS, AND HONORS** *(Please list at least five civic, athletic, social, or employment-related accomplishments, awards, or honors.):*

**FIRST ACTIVITY, ETC.:** \_\_\_\_\_

Start and End Dates: \_\_\_\_\_

Name and Email of Supervisor \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECOND ACTIVITY, ETC.:** \_\_\_\_\_

Start and End Dates: \_\_\_\_\_

Name and Email of Supervisor \_\_\_\_\_

Description: \_\_\_\_\_

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**THIRD ACTIVITY, ETC.:** \_\_\_\_\_

Start and End Dates: \_\_\_\_\_

Name and Email of Supervisor \_\_\_\_\_

Description: \_\_\_\_\_

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**FOURTH ACTIVITY, ETC.:** \_\_\_\_\_

Start and End Dates: \_\_\_\_\_

Name and Email of Supervisor \_\_\_\_\_

Description: \_\_\_\_\_

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**FIFTH ACTIVITY, ETC.:** \_\_\_\_\_

Start and End Dates: \_\_\_\_\_

Name and Email of Supervisor \_\_\_\_\_

Description: \_\_\_\_\_

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## ESSAY TOPICS

Please write essays on each of the following topics on a separate sheet and submit the essays with your application. A typed version is preferred. Each essay should be between 250 and 350 words.

*First Essay Topic:* Mark Vincent Pelini was dedicated to education in high school and in college. Please share why your education is important to you and how your continuing education will impact your future.

*Second Essay Topic:* Mark Vincent Pelini overcame challenges when necessary to achieve his goals. Give an example of a difficult challenge that you faced and describe how you handled it.

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I certify that the information in this application is true and that I will be pursuing postsecondary education as a full-time student at a two or four-year college or university or a trade school. I agree that all or some of my application, including photo, essays, and achievements, may be included in publicity regarding the Scholarship and that the Mark Vincent Pelini Foundation may release information about me related to the Scholarship to my guidance counselor, academic advisor, and application evaluators.

Signature of Applicant \_\_\_\_\_

FOR APPLICANTS UNDER THE AGE OF 18:

Signature of Parent or Guardian \_\_\_\_\_