



WEDLI Orsini Scholarship Award Application

Name: _____

Address: _____

Phone: _____ Email Address: _____

College or University: _____

Address: _____

Major/Field of Study: _____

Month/Year of anticipated graduation: _____

Grade you will be entering in Fall 2012:

WEDLI Sponsoring Member: _____

WEDLI Member's Phone No.: _____ Email Address: _____

Please provide a written statement as to why you feel you should be considered for this award and what impact your education and/or your future career can have in the area of economic development on Long Island.

The completed application along with the official transcript must be received by WEDLI by April 16, 2012.

Donna Haynes
WEDLI
PO Box 429
Lindenhurst, NY 11757