



Valerie Lynn Palermo SMILE Scholarship Application Form

Applicant Name: _____

Home Address: _____

School You Plan to Attend: _____

Enrollment date: _____

Planned major: _____

E-mail address _____

Phone Number _____

Please make a video that is 3 minutes or shorter and tell us a little about yourself and what you hope to gain from your college experience...besides a degree.

When you have completed your video, please email this completed cover page to VLPSMILESCHOLARSHIP@gmail.com and we will reply with a secure link to upload your video.

Videos must be received no later than April 30, 2023.

We're looking forward to watching your submissions!

Philip Palermo