

**SEYMOUR PINK, INC.  
THE SARA AND GARY MORGATTO UNSUNG HERO SCHOLARSHIP  
APPLICATION FORM  
2018**

Seymour Pink, Inc. is a non profit organization that was founded in 2010 but the concept began in 2007 when Sara and Gary Morgatto, owners of the Brookside Inn in Oxford, agreed to host a pasta dinner to help raise money for a breast cancer walk that Mary Deming, founder of Seymour Pink, Inc., was participating in that year. The Morgattos have hosted Seymour Pink's annual pasta dinner now for 11 years and in thanks and appreciation of their generosity, the Board of Seymour Pink has established a scholarship in their honor.

This year the Board of Directors' of Seymour Pink will be offering a \$500.00 scholarship in the Morgattos honor to a deserving college bound student.

**Applications must be received no later than ----May 10th--- 2018**

In order for a student to be eligible for this scholarship, the applicant must meet the following criteria:

1. Recognizes a student that puts his/her heart and soul into everything he/she does, but often goes unrecognized, works "behind the scenes," goes above and beyond what is expected.
2. The applicant must maintain a overall academic average of **C** or better.
3. The applicant must be a **Seymour resident and attend Seymour High School.**
4. The applicant must be planning on attending an accredited 2 or 4 year college, university or technical school as a full time student for the academic year 2018-2019.
5. The applicant must complete the application form and return it to the SHS guidance department by **May 10<sup>th</sup> 2018.**

**Incomplete applications will not be considered.**

You may email, hand deliver, or post your completed application. Please use the following:

[vartko@comcast.net](mailto:vartko@comcast.net)

Hand deliver to the Seymour High School Guidance office, or post to:

Christine Vartko  
Seymour Pink, Inc.  
P.O.Box 333  
Seymour, CT 06483

For any further information, please contact:

Chris Vartko

[vartko@comcast.net](mailto:vartko@comcast.net)

phone 203-231-3556

Scholarship applications will be reviewed and recipient chosen by the Scholarship Committee., Students curricular as well as extra-curricular activities will be considered as criteria.

In fairness to all, the names will be withheld until the recipient has been selected.

All applications will be kept confidential.

This scholarship will be awarded to a Seymour High School student at the Seymour High School Award Assembly in late May.



**SEYMOUR PINK**  
A COMMUNITY'S FIGHT AGAINST BREAST CANCER®

## APPLICATION FORM

*Seymour Pink, Inc.*

***The Sara and Gary Morgatto  
Unsung Hero Scholarship***

### **Student Information:**

Applicant's Full Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City – State - Zip Code \_\_\_\_\_  
E-mail address \_\_\_\_\_ Phone # \_\_\_\_\_

### **Parent or Guardian Information:**

Parent or Guardian Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City – State - Zip Code \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Phone Number \_\_\_\_\_

### **Sibling Information :**

How many? \_\_\_\_\_ Age(s)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Personal Reference Information (other than family member):**

Personal Reference Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City – State - Zip Code \_\_\_\_\_  
E-mail address \_\_\_\_\_ Phone # \_\_\_\_\_  
Relationship to Student \_\_\_\_\_

## Student Education Information:

Overall Academic Average: \_\_\_\_\_

Extracurricular Activities/ Community groups and or projects associated with during high school years.  
(Include any part time jobs held and approx. # of hours) (Please feel free to use additional paper if needed)

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## Student & Parent Affirmation:

Both student and parent or guardian must read the following statement and sign as indicated.

We affirm that the information provided on this application is accurate to the best of our knowledge. We understand misrepresentations may constitute fraud which may result in the loss of eligibility of this scholarship or have other legal consequences. We give permission for the Selection Committee of the Seymour Pink, Inc. to review student transcripts and other personal information.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

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

Print Name \_\_\_\_\_ Date \_\_\_\_\_