



*The Paramus Medical and Sports Rehabilitation Center's  
Angela Picchierri Sudol Memorial Scholarship*

Paramus Medical and Sports Rehabilitation Center is proud to announce the second annual "Angela Picchierri Sudol Memorial Scholarships." Ten winners will each receive a one-time award of \$1,000 to be presented in the spring.

Mrs. Angela Picchierri Sudol was an educator and administrator for over 30 years locally, and is the sister to Dr. Marc Picchierri and aunt to Dr. Brandon Picchierri, of Paramus Medical and Sports Rehabilitation Center. It is to honor her memory that we award these scholarships to deserving students that fit the criteria she long-instilled in her classrooms and schools.

The scholarships are open to any and all high school seniors who reside in Bergen and Passaic County, have a 3.5 GPA or higher, are active in their school and community, and have an interest in pursuing a degree in the field of education.

A brief response to the following question (250-500 words) is required by all applicants.

**"What do *you* think the future of education should be?"**

The typed essay must include the full name and contact phone number of the applicant at the top of the first page.

In addition to the response, the applicant must also fill out a brief scholarship application. The entire application must be completed and submitted together to be considered. Please mail the scholarship packet to:

*Paramus Medical and Sports Rehabilitation Center*

*Attn: Scholarship Team*

*205 Robin Road, Suite 118*

*Paramus, NJ 07652*

**DUE DATE: APRIL 1, 2020**

*The Paramus Medical and Sports Rehabilitation Center's  
Angela Picchierri Sudol Memorial Scholarship Application*

**PERSONAL:**

Full Legal Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Preferred Phone Number \_\_\_\_\_

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

Date of Birth \_\_\_\_\_

Mother's / Guardian's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address (if different) \_\_\_\_\_

\_\_\_\_\_

Preferred Phone Number \_\_\_\_\_

Father's / Guardian's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address (if different) \_\_\_\_\_

\_\_\_\_\_

Preferred Phone Number \_\_\_\_\_

**EDUCATION:**

Name of High School \_\_\_\_\_

Graduation Date \_\_\_\_\_

Current GPA \_\_\_\_\_

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Guidance Counselor Name \_\_\_\_\_

Guidance Phone Number \_\_\_\_\_

Guidance Email Address \_\_\_\_\_

College You Plan to Attend / Colleges You Have Been Accepted to And Are Considering:

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**ACHIEVEMENTS:**

Athletic:

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Academic:

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Extracurricular / Community Service / Other:

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I hereby authorize and give consent to be contacted by Paramus Medical and Sports Rehabilitation Center regarding my application, and hereby officially request to be considered for the scholarship. I also grant Paramus Medical and Sports Rehabilitation Center permission to contact myself, my family, and/or my school in relation to this scholarship application, and, in the event of my receiving one of the scholarships, permission to use/share any photography related to said scholarship for marketing material, press releases, social media, or other related subjects.

I certify that all the information I provided is accurate, and accept that I will be ineligible for the scholarship if it is determined any of the above is false.

Please note, if applicant is not a U.S. citizen or permanent resident, they will not be eligible to receive said scholarship.

Also, please note that application materials will not be returned to the applicant.

Applicant Printed Name \_\_\_\_\_

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

Parent / Guardian Printed Name \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_