

RICHARD T. NAPLES, SR.
EDUCATION FOUNDATION, INC.

2665 North Main Street
Hubbard, Ohio 44425
(330) 534-5145  (800) 356-9626

FOR IMMEDIATE RELEASE
January 2025

In 1998, Richard T. Naples, Sr., of Niles, Ohio, and the founder of Wholesale Fireworks chain of stores, created the Richard T. Naples, Sr. Education Foundation, Inc. It is a perpetual fund that has already awarded more than 660 college scholarships, totaling over \$600,000 to local students. A total of THIRTY (30), \$1,000 scholarships are being made available for the 2025 year. The scholarships are available to current high school seniors and college students who have a grade point average of 2.5 or above and reside in Trumbull, Mahoning, and Stark counties.

Mr. Naples, who owns fireworks stores in Niles, Hubbard, and Canton, Ohio, established the scholarship program to help young adults defray a portion of the costs of a higher education, which includes not only colleges and universities, but also institutes for fine and performing arts, as well as trade and vocational schools.

Mr. Naples, and his family members, who sit on the Board of Trustees, are deeply committed to higher education, and have hired many area high school and college students throughout the forty-five (45) year's Wholesale Fireworks has been in business. Mr. Naples believes that the education of young people is an important role in which business should be involved.

The deadline for this year's scholarship is March 31, 2025. High School students can obtain an application from their guidance counselors or online at www.wfboom.com. For further information, call (330) 534-5145, Monday through Friday, between 9 am - 4 pm.

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2025 HIGH SCHOOL SCHOLARSHIP APPLICATION
(GRADUATING SENIORS ENTERING COLLEGE)

USE PDF EDITOR or CLEARLY PRINT IN BLACK INK ONLY ~ INCOMPLETE SECTIONS = DISQUALIFICATION
DEADLINE and POSTMARK DATE BY MARCH 31, 2025

SECTION 1A: GENERAL INFORMATION

NAME:	OFFICE USE ONLY:
ADDRESS:	HOME PHONE:
	CELL PHONE:
ZIP CODE:	DATE OF BIRTH: / /
CITY:	COLLEGE GRADUATION YEAR EXPECTED:
STATE:	CIRCLE: MALE / FEMALE

SECTION 1B: FAMILY INCOME FROM TAX RETURN

PARENT/LEGAL GUARDIAN SIGNATURE & NOTARY SIGNATURE REQUIRED – Notary complete in BLUE INK

PLEASE **X** APPROPRIATE BOX

A: UNDER \$30,000 _____ B: \$30,001 - \$65,000 _____ C: \$65,001 - \$99,999 _____ D: OVER \$100,000 _____

I hereby certify under oath, that I am the legal parent or guardian of the applicant. The family income taken from my 2024 tax return, that I have stated under Section 1B, is true to the best of my knowledge and belief.

Parent/Legal Guardian Signature: _____

NOTARY CERTIFICATE OF ACKNOWLEDGEMENT

STATE OF:	CITY/COUNTY OF:	ON THIS DATE:
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Sworn before me, _____, a notary public, _____

Notary's Name

Printed name of Parent/Legal Guardian

a person known to me or who presented photo identification, as being true and correct to be the above-named person under section 1B who signed this document.

Notary Signature

My commission expires on _____
Date

SEAL/STAMP

SECTION 1C:

IF YOU OR YOUR PARENT HAVE EVER BEEN EMPLOYED AT WHOLESALE FIREWORKS, PLEASE COMPLETE THIS SECTION.

Please list the year(s) you worked (ex:2024) LOCATION : HUBBARD _____ NILES _____ N CANTON _____

If parent worked, please provide parent's 1st & last name (include mother's maiden name)

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HIGH SCHOOL APPLICATION PG 2

SECTION 2: ACTIVITIES/AWARDS/HONORS

Please list all extracurricular activities, community service projects, awards, distinctions. Additional sheet with your name & school may be used.

SECTION 3: FAILURE TO INCLUDE = DISQUALIFICATION

*** PLEASE PROVIDE TWO LETTERS OF RECOMMENDATION ***

If letters are sent separately, student's name and school MUST appear on all submissions and returned with postmark date by 3/31/2025.

SECTION 4: MUST BE COMPLETED ENTIRELY & SIGNED BY SCHOOL GUIDANCE COUNSELOR

STUDENT'S NAME:	CUMULATIVE GPA: _____ BASED ON 4.0 SCALE – APPLICANT MUST BE 2.5 OR ABOVE TO APPLY	
ACT COMPOSITE:		
SAT COMPOSITE:	MEMBER OF NATIONAL HONOR SOCIETY:	
RANK IN CLASS: OUT OF # _____ STUDENTS	YES _____	NO _____
HIGH SCHOOL NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
GUIDANCE COUNSELOR'S NAME:		
PHONE:		
COUNSELOR'S SIGNATURE:		DATE:

SECTION 5: APPLICANT'S SIGNATURE

In signing this application, I certify that the information provided is complete and correct to the best of my knowledge and belief.

APPLICANT'S SIGNATURE:

DATE:

**PLEASE REVIEW ALL SECTIONS!
ALL SECTIONS MUST BE COMPLETE BEFORE MAILING TO:
RICHARD T. NAPLES, SR.
EDUCATION FOUNDATION, INC.
2665 N. MAIN ST.
HUBBARD, OH 44425**

DEADLINE MARCH 31, 2025 – POSTMARK DATE - NO EXCEPTIONS