

The Italian Heritage Center Scholarship

Application and Information

Application Deadline:

The scholarship application and any supplemental documents must be submitted to the IHC by **5PM**, Tuesday, May 2, 2017. Materials received after the deadline will not be considered.

Application Requirements:

1. Applicant information
2. Academic transcript
3. School Recommendation
4. Community Recommendation
5. School/community activities
6. Work experience
7. Essay (with applicant's name on it)
8. Special financial circumstances and agreement

**YOUR APPLICATION WILL NOT BE COMPLETE WITHOUT ALL REQUESTED INFORMATION.
SCHOOL FORMS WILL BE ACCEPTED IN THEIR
OWN FORMAT**

Applicant Information

First Name _____ Middle Initial _____ Last Name _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ FAX _____

E-Mail Address _____

Are you a member of the Italian Heritage Center? Yes _____ No _____

if yes, your membership # _____ member since _____

if no, you are the dependent of _____ IHC membership # _____ member since _____
or you are the grandchild of _____ IHC membership # _____ membersince _____

Name of College you will be attending; _____

ALL INFORMATION IS KEPT CONFIDENTIAL.

Academic Transcript Release

Applicant Name _____

Student and parent (if student is under 18) must sign the sections below:

I (print name of student) _____
 grant permission to (name of school) _____
 to release my academic transcript to the IHC for the purposes of scholarship competition.

Student Signature: _____

Parent or Guardian Signature: _____
 (if the student is under 18 years old)

School Official: Please send a copy of the most recent official school transcript for the above named student and complete the information below. *This transcript should reflect grades through the first semester of the current academic year.*

Please indicate if not on the Transcript:

- Highest combination of SAT scores: Verbal: _____ Math: _____
 Test dates _____
- Grade point average as of first semester of current academic year.
- Rank in class as of first semester of current academic year: _____ of _____ (ex. 27 of 157)

Transcripts must be received by **5 PM, MAY 2, 2017.**

School Recommendation

Applicant Name _____

School Attending _____

Name of person completing recommendation _____

Title _____

Directions: Please complete the following information regarding the applicant to the best of your knowledge. Your recommendation must be received by **5 PM, MAY 2, 2017**. Thank you for your assistance. If you already have a typed recommendation, please attach it.

- Please describe the applicant's character and contribution to the school community:

Signature: _____ Date: _____

Community Reference

Ask someone who knows you and your community contributions well to complete this form on your behalf. Give people plenty of time to write a recommendation. Remember, they are busy, too!

Student's name _____ Date _____

Name of person providing reference _____ Title _____

Please explain the applicant's contribution to the community.

Recommendation must be received by 5 PM, MAY 2, 2017

Signature _____ Date _____

School and Community Activities

List your most personally significant school and community activities:

Activity/Club/Sport: _____

Your Role or Contribution (offices held, special projects, etc.): _____

Length of Participation: _____

Activity/Club/Sport: _____

Your Role or Contribution (offices held, special projects, etc.): _____

Length of Participation: _____

Activity/Club/Sport: _____

Your Role or Contribution (offices held, special projects, etc.): _____

Length of Participation: _____

Activity/Club/Sport: _____

Your Role or Contribution (offices held, special projects, etc.): _____

Length of Participation: _____

Activity/Club/Sport: _____

Your Role or Contribution (offices held, special projects, etc.): _____

Length of Participation: _____

Work Experience

Employer: _____

Job Title: _____

Location: _____ Year(s) Active: _____

Employer: _____

Job Title: _____

Location: _____ Year(s) Active: _____

Employer: _____

Job Title: _____

Location: _____ Year(s) Active: _____

ATTACH A DOUBLE SPACED TYPED 500 WORD ESSAY ON THE FOLLOWING:

Please explain how an Italian person whom you know has inspired you. This could be a relative, neighbor or community member. What specifically has this person done/accomplished to inspire you and how do you feel about this person.

Special Financial Circumstances

Please describe or explain if there are any special financial circumstances that will make financing your education especially difficult.

Agreement and certification

I AGREE THAT THIS SCHOLARSHIP WILL BE USED FOR THE SOLE PURPOSE OF MEETING HIGHER EDUCATION EXPENSES. IF CIRCUMSTANCES REQUIRE ME TO CHANGE MY PLANS, I WILL RETURN THE FUNDS TO THE ITALIAN HERITAGE CENTER.

HALF THE SCHOLARSHIP (\$750) WILL BE AWARDED DIRECTLY TO THE APPLICANT EACH SEMESTER UPON PRESENTATION OF PROOF OF ATTENDANCE. (A COPY OF SCHOOL BILL WILL SUFFICE) THE AWARD MUST BE CLAIMED NO LATER THAN THE END OF THE SEMESTER OR IT WILL BE FORFEITED.

I CERTIFY THAT ALL THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE.

Applicant signature _____ Date _____

If applicant is not a member of the IHC, parent or guardian signature is required.

Signature _____ *Date* _____