



## AMERICANS OF ITALIAN HERITAGE MEMBER EDUCATIONAL GRANT

The Americans of Italian Heritage Charities, Inc. is offering five (5) educational grants in the amount of \$1,000 each for the 2022-2023 school year. A random drawing to determine the winners will be held after verifying eligibility.

### CRITERIA:

1. Applicant must be a member of Americans of Italian Heritage Club or a member's spouse, child, or grandchild.
2. Qualifying members must meet the following requirements during the period of: **(5/1/2021 – 4/30/2022)**
  - Be a current member in good standing and have paid their full dues amount
  - Have been a member for the past **three years**
  - Certify that if the applicant is a grandchild of a member's son, the son does not live in Lake, Geauga, Cuyahoga, or Ashtabula county

**Any and all exceptions to the above criteria must be formally addressed in writing to the Chairman of the AIH Charities Committee for further consideration before the deadline date.**

3. No member can receive the member educational grant for more than **two consecutive** years.
4. The **AIH member** will have only **one** chance placed in the random drawing.
5. An **applicant** can have only **one** chance placed in the random drawing.
6. Minimum cumulative GPA of 3.0 (on a 4.0 scale)
7. Applicant must be a **full-time** undergraduate or graduate student attending an accredited 2 or 4 year college/university/vocational/technical school, **or** a graduating high school senior.
8. If an AIH member does **not** meet the criteria for this member educational grant and/or chooses **not** to participate in the member educational grant program, the applicant may apply for the non-member AIH Scholarship. The applicant, however, must complete the non-member scholarship application and fulfill all requirements for that award.

### DOCUMENTATION:

1. Completed and **signed** Americans of Italian Heritage Member Educational Grant application.
2. Copy of current **OFFICIAL** transcript.

### DEADLINE:

Documentation must be received by **MAY 16, 2022**

**SEND TO:** Americans of Italian Heritage  
c/o Scholarship Committee  
P.O. Box 732  
Mentor, Ohio 44061

(see application on back)

# AMERICANS OF ITALIAN HERITAGE

## MEMBER EDUCATIONAL GRANT APPLICATION

### APPLICANT'S PERSONAL INFORMATION: ( Please type or print)

Name \_\_\_\_\_ Email address: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ GPA \_\_\_\_\_

Name of school/college currently attending \_\_\_\_\_

Name of institution of higher education you will be attending in the 2022 - 2023 academic year:

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Admission's Phone # \_\_\_\_\_ Financial Aid Office Phone # \_\_\_\_\_

Academic Major \_\_\_\_\_

### AIH MEMBER AND APPLICANT'S RELATIONSHIP INFORMATION

Name \_\_\_\_\_ Applicant's relationship \_\_\_\_\_

Address \_\_\_\_\_

**Certification:** The applicant listed above is the child of my son and my son does not live in Lake, Geauga, Cuyahoga or Ashtabula counties.

AIH Member Signature \_\_\_\_\_ Date \_\_\_\_\_

## DEADLINE: MAY 16, 2022

PLEASE READ AND SIGN

Americans of Italian Heritage, Inc. may use, transmit, or receive information from this application and my high school, college, or university transcript to determine my eligibility for the Americans of Italian Heritage Member Educational Grant.

The guidelines for the Americans of Italian Heritage Member Educational Grant are attached to this application. By signing this application, the undersigned hereby acknowledges receipt of the guidelines and agrees to waive all personal claims, causes of action or damages against Americans Of Italian Heritage and AIH Charities, Inc. including its members, officers and associates thereof. In addition, the undersigned agrees to allow their name to be used for publicity purposes should they be awarded an Americans of Italian Heritage Member Grant.

I agree to notify Americans of Italian Heritage, Inc. in the event that I receive a full tuition scholarship. I understand this may make me ineligible to receive the award.

My signature certifies that I have read, understood and agree to the terms and conditions of this application and that all information I have provided is correct.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

AIH Member Signature \_\_\_\_\_ Date \_\_\_\_\_