

AMERICANS OF ITALIAN HERITAGE

MEMBER EDUCATIONAL GRANT APPLICATION

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 2020 - 2021 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 18, 2020

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 _____