



## ***AMERICANS OF ITALIAN HERITAGE SCHOLARSHIP***

The Americans of Italian Heritage Charities, Inc. is offering four scholarships in the amount of \$2,000 each for the 2020 – 2021 school year.

### **Criteria:**

1. Residents of Lake, Geauga, Cuyahoga, and Ashtabula counties are eligible to apply
2. At least one parent of the applicant must be of Italian descent
3. Applicant must be:
  - a graduating high school senior.
  - Or
  - a full-time undergraduate or graduate student attending an accredited 2 or 4 year college/university/vocational or technical school.
4. Minimum cumulative GPA of 3.0 (on a 4.0 scale)

### **Selection Based on:**

The scholarship committee is seeking to award well-rounded students who can demonstrate dedication and commitment to continuing their education and **WHO ARE IN FINANCIAL NEED**.

### **Documentation:**

1. Americans of Italian Heritage Scholarship application **completed and signed**. **Answer all questions**. *You may attach additional sheets of paper if the space provided is insufficient. No other information will be considered.*
2. Current **Official** Transcript
3. Copy of Current Official Financial Aid Award letter from the college you will be or are already attending
4. Two letters of recommendation preferably from a teacher, guidance counselor or professor, **not family members**, who can provide information about the candidate's motivation, potential, strengths, and personal character

### **Deadline:**

All documentation must be sent via U.S. Mail and **received** by **May 18, 2020**. **NO EXCEPTIONS! All questions must be completed. Any late applications will not be considered.**

Mail all documentation to: Americans of Italian Heritage, c/o Scholarship Committee P. O. Box 732, Mentor, OH 44061. E-mail questions only to [charities@aihclub.com](mailto:charities@aihclub.com). Enter the word **scholarships** in the subject line. Additional applications may be found at [www.iahclub.com](http://www.iahclub.com)

# *AMERICANS OF ITALIAN HERITAGE SCHOLARSHIP APPLICATION*

PERSONAL INFORMATION: (Please type or print)

Name \_\_\_\_\_ Last 4 digits of your SSN \_\_\_\_\_  
Last                      First                      MI

Address \_\_\_\_\_

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

Phone No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please provide the name of the parent who is of Italian descent. \_\_\_\_\_

Please provide the name of the city in Italy where your family is from. \_\_\_\_\_

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

## PLEASE READ AND SIGN

Americans of Italian Heritage may use, transmit, or receive information from this application and my high school, college, university, vocational or technical school transcript to determine my eligibility for the Americans of Italian Heritage Scholarship.

The guidelines for the Americans of Italian Heritage Scholarship 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, Inc. 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 Scholarship.

I agree to notify Americans of Italian Heritage 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, understand and agree to the terms and conditions of this application and that all information I have provided is correct.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ **Date** \_\_\_\_\_

**YOUR COMPLETED APPLICATION PACKET MUST CONTAIN:**

- Completed pages (2-5)**
- Current Official Transcript**
- Copy of an Official Financial Aid Award letter from the college you will be attending**
- 2 letters of recommendation**

**DEADLINE: May 18, 2020**

Print Your First Name Only: \_\_\_\_\_ Last Four Digits of Your SSN: \_\_\_\_\_

**EXTRA-CURRICULAR ACTIVITIES:** List significant activities you have engaged in and awards you have received during your high school/college years including school activities (for example: music, athletics, clubs, theatre, publications, student government) and out-of-school activities.

| Activity | Special Honors or Offices Held | Year (s) of Participation |
|----------|--------------------------------|---------------------------|
|          |                                |                           |
|          |                                |                           |
|          |                                |                           |
|          |                                |                           |
|          |                                |                           |
|          |                                |                           |
|          |                                |                           |
|          |                                |                           |

**COMMUNITY SERVICE ACTIVITIES:** List all volunteer activities you were actively involved in. Provide an explanation of what you did and approximately how much time this involved.

| Organization Name | Service Performed | Time (hours per day/week/month) |
|-------------------|-------------------|---------------------------------|
|                   |                   |                                 |
|                   |                   |                                 |
|                   |                   |                                 |
|                   |                   |                                 |
|                   |                   |                                 |
|                   |                   |                                 |
|                   |                   |                                 |
|                   |                   |                                 |

Where have you been employed during high school/college?

| Where | Type of Work | Dates (month/yr.) | Hours per Week |
|-------|--------------|-------------------|----------------|
|       |              |                   |                |
|       |              |                   |                |
|       |              |                   |                |
|       |              |                   |                |
|       |              |                   |                |

Print Your First Name Only: \_\_\_\_\_ Last Four Digits of Your SSN: \_\_\_\_\_

Please tell us about your college and career aspirations.

---

---

---

---

---

---

**FINANCIAL INFORMATION: additional documentation of family financial information may be required including the FAFSA.\***

Do you live with your parents? Yes  No  Are you a dependent of your parents? Yes \_\_\_ No \_\_\_

If yes, please circle: Marital status of parents: Single Married Separated Divorced Remarried

Total number of dependent children of \_\_\_\_\_  
parents

Gross Annual Income:

|                |                   |         |
|----------------|-------------------|---------|
|                | Father            | \$_____ |
| Spouse \$_____ | Mother            | \$_____ |
|                | Student/Applicant | \$_____ |

Number of siblings in college in 2020–2021 \_\_\_\_\_

What is your Expected Family Contribution (EFC taken from the college Financial Aid Award letter):  
\$\_\_\_\_\_

Are you eligible for a Pell Grant? (taken from the college Financial Aid Award letter) Yes  No

Explain any special circumstances or unusual expenses the scholarship committee should know in considering you for this scholarship.

---

---

---

---

Print Your First Name Only: \_\_\_\_\_ Last Four Digits of Your SSN: \_\_\_\_\_

How do you plan to finance your college education? \_\_\_\_\_

---

---

---

---

List any scholarships/grants that you have applied for and the amounts, if known, that you will receive during the 2020–2021 academic year. List only those that do not appear on the college Financial Aid Award Letter.

---

---

---

---

---

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

Name of institution of higher education you will be attending in the 2020–2021 academic year:

---

Field of Study

---

Is this application for a Vocational/Technical School? \_\_\_\_\_ YES \_\_\_\_\_ NO