

SCHOLARSHIP RULES

The Constitution of the Council of Italian-American Societies of Summit County allows for the award of Scholarship money to students of Italian descent pursuing higher education.

1. The Student Applicant must meet the following criteria:
 - a. Shall be of Italian descent, or an adopted child of a parent who is of Italian descent.
 - b. Recipient must reside within Summit County, unless they are the child or grandchild of an active member of any Society within Council.
 - c. Shall be sponsored by an active Member Society (Requires Society's President's signature on page 2).
 - d. Shall be a graduate of an Ohio High School, attained a General Education Diploma (GED) or a Home School Diploma.
 - e. Shall be attending an accredited University, Technical or Vocational School in the United States of America, or in Italy, with a recognized educational training program.
 - f. Recipient must be able to attend the Scholarship Presentation Breakfast on Saturday, July 14, 2018 at 10:00am to receive their Scholarship.
2. A Student Applicant may apply for a scholarship yearly. **A Scholarship Recipient may not reapply at any time.**
3. A Scholarship Recipient is permitted to accept scholarships from other sources.
4. All scholarship checks will be co-issued to both the student and the school of attendance.
5. The Scholarship Selection Committee will evaluate all applications based on the following criteria with equal importance:
 - a. Activities
 - b. Character/Personality
 - c. Financial Need
 - d. Interest in Chosen Field
 - e. Scholastic Record
6. Application will not be considered unless the following information is answered accurately, completely and postmarked by **May 7, 2018**:
 - a. Completed Application
 - b. Letter of Recommendation from school, signed and dated
 - c. Two or more letters of recommendation from persons, other than a relative, you have known at least three (3) years (friends, neighbors, etc.)
 - d. Latest official school transcript of grades

INSTRUCTIONS/CHECK LIST

The Constitution of the Council of Italian-American Societies of Summit County requires that a student applicant be of Italian descent and reside in Summit County. The responsibility of verification rests with the Member Society (e.g. Carovillese, Sons of Italy, etc.) It is expected that the President of the Member Society sign below.

Sponsoring Member Society: _____

President's Signature: _____ Date: _____

The Constitution of the Council of Italian-American Societies of Summit County requires that the student recipient be present at the Scholarship Presentation Ceremony to receive the Scholarship. **The Presentation will be held at the President's Breakfast on Saturday, July 14, 2018 at 10:00am at Lock 3 Commons, downtown Akron.**

The Student Applicant is responsible to check that all information is enclosed and sign and return this Instruction/Check

List, Name Page together with his/her Application for Scholarship.

_____ Application Form is complete.

_____ Letter of Recommendation from High School Principal, High School Guidance Counselor or College Representative.

_____ Two (2) Letters of Recommendation from persons you have known for at least three (3) years (not a relative) e.g. Clergy, church friends, neighbors, work affiliates, friends, etc.

_____ All attachments as requested on the Application Form.

_____ Recent photograph of yourself. (Do not attach, staple or paper clip. Place in a small envelope and include.)

_____ Official High School or College Transcript, General Education Diploma (GED) or Home School Diploma.

_____ Postmarked no later than **May 7, 2018**

Signature of Student Applicant

Please mail this Instructions/Check List, Name Page, Application Form and all required attachments to:

Josephine Murdocco
423 W Heritage Dr
Cuyahoga Falls, Ohio 44223

NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

LAND PHONE OR CELL NUMBER: _____

E-MAIL ADDRESS: _____

FATHER'S NAME: _____

FATHER'S OCCUPATION: _____

MOTHER'S NAME: _____

MOTHER'S OCCUPATION: _____

ATTENTION

DO NOT COMPLETE THIS APPLICATION IF YOU ARE UNABLE
TO ATTEND THE PRESIDENT'S BREAKFAST ON SATURDAY,
JULY 14, 2018, TO RECEIVE THE SCHOLARSHIP CERTIFICATE
AND CHECK!

APPLICATION FOR SCHOLARSHIP

1. Date of Birth? _____ M/F _____ Place of Birth? _____
2. School now attending? _____ Date of graduation? _____
3. If a high school senior, have you applied for admission to college? _____ Have you been accepted? _____
4. Name and address of college or university you attend or plan to attend: _____

5. Number of brothers and/or sisters at home? _____ Number attending grade school _____
Number attending high school _____ Number attending college _____
6. What is your major field of interest? _____
7. What are your total estimated expenses for the school year? \$ _____
8. What percentage of financial aid do you expect to receive from your family? _____
9. Will it be necessary for you to work while attending college? _____ How many hours per week? _____
10. List and attach any prizes or awards you have received in high school.
11. List and attach what your activities were outside the classroom,
12. List and attach memberships and offices held, if any, in all school organizations.
13. Write and attach a brief paragraph to document your Italian origin and include what your Italian heritage means to you.
14. Write and attach a brief paragraph giving your reason for wishing to study in the field you have chosen.
15. Describe your financial need that you want the Scholarship Committee to consider.

I have read the attached Scholarship Instructions and Rules and hereby submit to the Scholarship Selection Committee this APPLICATION FOR SCHOLARSHIP.

I certify that the above information is true and accurate to the best of my knowledge.

Applicant's Signature _____

Date of Application _____