

Council of Italian-American Societies  
of Summit County

**Application  
For  
Scholarship Award**



# 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 a 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. Applicant must reside within Summit County, unless he/she is the child or grandchild of an active member of a Society within Council.
  - c. Applicant shall be sponsored by an active Member Society (Requires Society 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 program.
2. Recipient must be able to attend the Scholarship Presentation Breakfast (President's Breakfast) on Saturday, July 13, 2019, at 10:00 AM to receive his/her Scholarship.
3. A Student Applicant may apply for a scholarship yearly. **A Scholarship Recipient may not reapply at any time.**
4. A Scholarship Recipient is permitted to accept scholarships from other sources.
5. All scholarship checks will be issued to the school of attendance with the recipient's name on the "memo" line.
6. The Scholarship Selection Committee will evaluate, with equal importance, all applications based on the following criteria:
  - a. Activities
  - b. Character/Personality
  - c. Financial Need
  - d. Interest in Chosen Field
  - e. Scholastic Record
  - f. Contributions to the Italian Community
7. Application will not be considered unless the following information is answered accurately and completely:
  - a. Completed Application
  - b. Letter of Recommendation from the High School Principal, Counselor or College Representative, signed and dated.
  - c. Two or more letters of recommendation from persons, other than a relative, you have known at least three (3) years (e.g. friends, neighbors, etc.).
  - d. Current, **official** (must have seal) school transcript of grades.
8. Application must be postmarked no later than **May 9, 2019**.

# 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 will 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 President's Breakfast to receive the Scholarship. **The President's Breakfast will be held on Saturday, July 13, 2019 at 10:00 AM, Lock 3 Commons, downtown Akron.**

The Student Applicant is responsible to check that all information is enclosed. Sign and return this Instruction / Check List, Name Page together with the 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 9, 2019**

\_\_\_\_\_  
Printed name of Student Applicant

\_\_\_\_\_  
Signature of Student Applicant

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

Josephine Murdocco

423 W. Heritage Drive

Cuyahoga Falls OH 44223

Home phone 330-864-9298

Cell phone 330-701-1714

Email jmurdocco71@aol.com

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE OR CELL NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

FATHER'S OCCUPATION: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

MOTHER'S OCCUPATION: \_\_\_\_\_

**ATTENTION:**

DO NOT SUBMIT THIS APPLICATION IF YOU ARE UNABLE TO ATTEND THE PRESENTATION OF SCHOLARSHIPS ON SATURDAY, JULY 13, 2019, 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 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. What is your major field of interest?  
\_\_\_\_\_
6. What are your total estimated expenses for the school year? \_\_\_\_\_
7. What percentage of financial aid do you expect to receive from your family? \_\_\_\_\_
8. Will it be necessary for you to work while attending college? \_\_\_\_\_ How many hours per week? \_\_\_\_\_
9. Number of brothers/sisters at home? \_\_\_\_\_ Number attending grade school? \_\_\_\_\_  
Number attending high school? \_\_\_\_\_ Number attending college? \_\_\_\_\_
10. List and attach any prizes or awards you have received in high school.
11. List and attach what your activities were outside of the classroom.
12. List and attach memberships and offices held, if any, in all school organizations.
13. Write and attach a brief paragraph addressing your Italian heritage and culture.
14. Include contributions to the Italian community and documentation of services.
15. Write and attach a brief paragraph giving your reason for wishing to study in the field you have chosen.
16. 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 / attached information is true and accurate to the best of my knowledge.**

Applicant's Signature \_\_\_\_\_

Date of Application: \_\_\_\_\_