

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) to receive his/her Scholarship. The date and location will be posted on our website no later than April 10, 2020. Please visit us at it-am.org for this information.
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 8, 2020.**

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 date and location of the 2020 President's Breakfast will be made available on our website no later than April 10, 2020. Please visit us at it-am.org for this information.

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 8, 2020**.

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

Home phone 330-864-9298

423 W. Heritage Drive

Cell phone 330-701-1714

Cuyahoga Falls OH 44223

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 11, 2020, TO RECEIVE THE SCHOLARSHIP CERTIFICATE AND CHECK. (Or, in the event the date is changed, You must be able to attend in person to accept the scholarship).

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 and how it has influenced you.
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: _____



Dear Italian American Council Scholarship Applicant:

In the past we have presented our scholarships to recipients at our Scholarship Presentation Breakfast (President's Breakfast). This event was held on the Saturday during our festival weekend in the Lock 3 Community Room. At this time, we are considering a different date and location for the scholarship awards. This change will be on our website no later than April 10, 2020. Please visit us at **it-am.org** for this information prior to submitting your application.

Sincerely,

Josephine Murdocco
Council of Italian American Societies of Summit County
Scholarship Chair