

Italian American Heritage Club of Hunterdon County

**Annual Scholarship Awards
Common Application**

Use this application to be considered for all IAHCHC Scholarship Awards
Please Print All Information

Name of School: _____

Address: _____

Name of Principal: _____

Name of Student: _____

Last

First

Middle Initial

Family Information

Father's or Male Guardian's Name: _____

Mother's or Female Guardian's Name: _____

Number of children in family excluding you: _____ Number in College: _____

Parents'/Guardians' home/mailling address: _____

Parents'/Guardians' Telephone Number: Home _____

Cell _____

Email _____

Student's Email _____

Student Information

Employer	Dates of Employment	Estimate Hours per Week
_____	_____	_____
_____	_____	_____

Do you have a job this coming summer? Yes No

If yes, give name of employer and estimate summer hours per week:

Employer: _____ Estimated Total Hours: _____

Have you received scholarship help from other sources? Yes No

Please list below the schools to which you have applied and indicate after the name of the school **A** if Accepted; **R** if Rejected; **WL** if Wait Listed; **NR** if you have Not Received a reply:

1. _____
2. _____
3. _____
4. _____
5. _____

Write a brief summary stating your major, the school you wish to attend and your future goals – include reasons why:

Student Personal Information

Student's Gender: Male_____ Female_____

Student's Date of Birth: _____

List High School Activities including years of participation, offices held, distinctions/awards received

List Activities **Outside of School**, Community Service, Awards, etc. during high school and number of years involved (ex. 4-H, Church, Scouts, etc.)

Share your family's Italian origins and how your family maintains Italian culture and traditions in a **250-word essay** – to be included

Were you born in Italy? _____Yes _____No

Father/Guardian of Italian descent? _____Yes _____No

Mother/Guardian of Italian descent? _____Yes _____No

I hereby apply for the IAHCHC Annual Scholarship Award. The information given in the application I affirm to be true and complete. I have read the conditions of eligibility that I have received with this application.

Signature of Student Applicant:_____

Signature of Parents/Guardians:_____

Date:_____

Italian American Heritage Club of Hunterdon County

To Be Completed by School Official (please print)

Name of School_____

Address_____

Name of Principal_____

Name of Counselor_____

Name of Student_____

Cumulative Average_____

College Board Scores:

Scholastic Aptitude Test (SAT) V_____ M_____

American College Testing (ACT) Eng_____ Math_____

Reading_____ Science_____ ACT plus Writing_____

The above information has been furnished by:

Print Name

Signature

Title

Date

Include Official Transcript and email both to:

Angela Lambert at italianamericanclubhc@gmail.com

The Italian American Heritage Club of Hunterdon County Scholarship Awards Program

Check List

The following check list is to be completed and signed by Student and Parents/Guardians:

_____ **Application 1/21** is **Complete** and **Signed** by **both** Student and Parents/Guardians

_____ **Essay** – “Share your family’s Italian origins and how your family maintains Italian culture and traditions.” is **included** in the application

_____ **Official Stamped Transcript** is **included** in the application

_____ **Supplement** -Only if applying for the *Paternali* and *LaMarca* Scholarships as well, please complete the supplement pages following this application

Signature of Student_____

Signature of Parents/Guardians_____

Date_____

Best Wishes to You

Applications will be reviewed blindly by a minimum of five (5) and maximum of seven (7) members of the IAHCCHC awards committee.

The deadline for submission of applications is **April 15, 2021**.

If you also wish to be considered for the *Paternali Family Scholarship* or the *Thomas and Lena LaMarca Scholarship*, please complete the financial supplement on the following pages.

Completed Applications should be emailed to:

Angela Lambert at **italianamericanclubhc@gmail.com**

SUPPLEMENT TO SCHOLARSHIP COMMON APPLICATION

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If you also wish to be considered for the **Paterniti Family Scholarship** or the **Thomas and Lena LaMarca Scholarship**, please complete the financial information below.

Parents'/Guardians' Financial Information

Father/Guardian: _____
Employer Position Approx. Gross Income

Mother/Guardian: _____
Employer Position Approx. Gross Income

Please state any unusual circumstances that you wish to be taken into consideration:

Check the statement which is correct: We own our home. We rent our home.

Student's Financial Information

Employer	Dates of Employment	Estimate Hours per Week	Hourly Rate
_____	_____	_____	_____
_____	_____	_____	_____

Do you have a job this coming summer? Yes No

If yes, give name of employer and estimate summer hours per week:

Employer: _____ Estimated Summer Income: _____

Have you received scholarship help from other sources? Yes No

If yes, list source/s, amounts and number of years below:

Did you file the FAFSA Form? _____ Yes No _____

If yes, please include the FAFSA form.

Please, state below the circumstances you feel make it necessary for you to receive this scholarship award.

What do you expect to contribute financially to your education?