

# Italian American Heritage Club of Hunterdon County

## Scholarship Awards 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

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Number of Children in Family excluding you: \_\_\_\_\_ Number in College: \_\_\_\_\_

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, name of employer and estimate summer hours per week: \_\_\_\_\_

Employer: \_\_\_\_\_ Estimated Total Hours: \_\_\_\_\_

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 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):

Is your family a Member of the Italian American Heritage Club of Hunterdon County for **at least 2 years**? Yes \_\_\_\_\_ Year joined \_\_\_\_\_ non Member \_\_\_\_\_

If a Member,

Full name of the family member: \_\_\_\_\_

Your relation to the family member \_\_\_\_\_

Share your family's Italian origins and how your family maintains Italian culture and traditions in a **250-word essay** – please include with this application.

Were you born in Italy?                    \_\_\_\_\_ Yes                    \_\_\_\_\_ No

Father/Guardian of Italian descent?                    Yes                    No

Mother/Guardian of Italian descent?                    Yes                    No

Any family member have dual citizenship with Italy? \_\_\_\_\_

I hereby apply for an IAHCCHC Annual Scholarship Award. The information given in this 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**  
School Official/Counselor Form

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 (if taken):

Scholastic Aptitude Test (SAT) V \_\_\_\_\_ M \_\_\_\_\_

American College Bound (ACT) English \_\_\_\_\_ Math \_\_\_\_\_

Reading \_\_\_\_\_ Science \_\_\_\_\_ ACT plus Writing \_\_\_\_\_

The above information has been provided by:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**School Official/Counselor** form and **Official Transcript** must be included with the Application. **2024**

## Italian American Heritage Club of Hunterdon County Scholarship Awards

### Check List

The following **Check List** is to be completed and signed by Student and Parent/Guardian. All items must be included with your application package) and postmarked by April 15 (Incomplete Applications can be rejected):

\_\_\_\_\_ **Application 2024** is Complete and Signed by Both Student and Parent/Guardians

\_\_\_\_\_ **School Official/Counselor** form is Included

\_\_\_\_\_ **Official Stamped Transcript** is Included in the application

\_\_\_\_\_ **Essay** – “Share your family’s Italian origins and how your family maintains Italian culture and traditions” is Included in the application

\_\_\_\_\_ **Financial Supplement** - Complete only if you wish to be considered for the Paterniti and LaMarca Scholarships as well.

\_\_\_\_\_ **Recent photo of the Student**-to be published in the IL Giornale

\_\_\_\_\_ Short BIO of the applicant (less than 500 words)

I hereby apply for an IAHCHC Annual Scholarship Award. The information given in this 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 \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

### Best Wishes to You

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

Complete Applications must be mailed to: **IAHCHC, PO Box 2466, Flemington, NJ 08822** and postmarked no later than **April 15, 2024**.

# IAHCHC Financial Supplement to Scholarship Application

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If you wish to be considered for the Paterniti Family Scholarships and the Thomas and Lena LaMarca Scholarship, complete this Financial Supplement to Scholarship Application

## Parents'/Guardians' Financial Information

Parent/Guardian: \_\_\_\_\_  
Employer                      Position                      Approx. Gross Income

Parent/Guardian: \_\_\_\_\_  
\_\_\_\_\_  
Employer                      Position                      Approx. Gross Income

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

\_\_\_\_\_  
\_\_\_\_\_

Check the statement that is correct: \_\_\_ We own our home. \_\_\_ We rent our home.

## Student's Financial Information

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

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: \_\_\_\_\_

2024

# IAHCHC Financial Supplement to Scholarship Application

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What do you expect to contribute financially to your education?

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Have you received scholarship help from other sources? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

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Please state why you think it necessary for you to receive this scholarship award.

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Did you file the FAFSA Form? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please include the FAFSA form.

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

Signature of  
Parent/Guardian \_\_\_\_\_