

STARK COUNTY ITALIAN-AMERICAN FESTIVAL FOUNDATION INC.

STARK COUNTY CANTON, OHIO

APPLICATION FOR
SCHOLARSHIP AWARD



Applicants Must Pay Particular Attention to the Instructions Listed on Page Three

APPLICATION FOR SCHOLARSHIP AWARD

NAME			PHONE	AGE
ADDRESS				HT.
CITY	COUNTY	STATE	ZIP	WT.
DATE OF BIRTH	PLACE			SEX

The following information is required for the confidential use of the selection committee. All questions must be answered in order for the application to be processed. All information will be handled in strict confidence.

FATHER		MOTHER	
NAME		MAIDEN NAME	
DATE OF BIRTH	PLACE	DATE OF BIRTH	PLACE
LIVING <input type="checkbox"/>	DECEASED <input type="checkbox"/>	LIVING <input type="checkbox"/>	DECEASED <input type="checkbox"/>
OCCUPATION		OCCUPATION	
EMPLOYED BY		EMPLOYED BY	

PARENTS' MARITAL STATUS

MARRIED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	FATHER DECEASED <input type="checkbox"/>	MOTHER DECEASED <input type="checkbox"/>
IF DIVORCED OR DECEASED:			
MOTHER REMARRIED	YES <input type="checkbox"/>	NO <input type="checkbox"/>	FATHER REMARRIED
			YES <input type="checkbox"/>
			NO <input type="checkbox"/>
LIVING WITH:	MOTHER <input type="checkbox"/>	FATHER <input type="checkbox"/>	OTHER _____

ITALIAN HERITAGE/LINEAGE

Please complete **ITALIAN HERITAGE LINEAGE** sheet on page four.

LIST ALL DEPENDENT CHILDREN INCLUDING YOURSELF

NAME	AGE	SCHOOL PRESENTLY ATTENDING

APPLICANT INFORMATION

High School Attended _____

High School Course of Study: General Vocational College Prep Other _____

_____ is my GPA as of the end of my 7th semester of high school study.

List Applicants HIGHEST Test Scores:

ACT: Composite Score: _____ English: _____ Math: _____ Reading: _____ Science: _____

or

SAT: Critical Reading Score: _____ Math Score: _____ Date Taken: _____

Have you been accepted to a College or University? _____ If "YES" Where _____

What will be your Major Interest or Field of Study? _____

Please include a separate "typed" sheet of paper listing the following:

A. High School Activities B. A list of Non School Activities C. A list of Honors and Awards received.

BE SURE YOU READ AND FOLLOW THE RULES THAT ARE LISTED ON PAGE THREE (3).
IF YOU HAVE ANY ADDITIONAL COMMENTS PLEASE LIST THEM ON A SEPARATE SHEET.

APPLICANTS FINANCIAL INFORMATION

Cost to attend	University	How much money:	
Tuition & Fees	\$	Have you saved for college?	\$
Books	\$	Can you depend on from home?	\$
Room & Board	\$	Will you earn-summer work?	\$
Travel	\$	Will you earn-school year?	\$
Clothing	\$	From other scholarships-awards, etc.?	\$
Other costs	\$	Total income for school year?	\$
Total Amount Needed	\$		

If known: List the **Region** or **Provence** of Italy of your family heritage:

If I am selected as one of the Scholarship Recipients: (Please check (x) one)

YES: I **WILL** donate a 4-hour volunteer work shift during one of the 3 days of the Festival.
(Our Volunteer Chairperson will contact you with specifics)

NO: I will **NOT** donate a volunteer work shift during one of the 3 days of the Festival.

INSTRUCTIONS

1. Be sure to have read all the instructions carefully. Each question must be answered accurately and to the best of your ability. Falsification of any answer may result in forfeiture of a scholarship award.
2. Your application will not be considered unless the following items are received, postmarked by **Established Deadline**
 - a. Separate One Sided TYPED Activities/Awards Sheet
 - b. Your completed application
 - c. Recent photo of applicant.
*(Photo must be a formal **WALLET-SIZED** Yearbook style photo)*
 - d. Latest official school transcript of grades.
 - e. Typed Essay
 - f. Letter of Recommendation
3. Mail all information to the:

**Italian-American Festival, Inc.
Scholarship Committee
P.O. Box 9345
Canton, Ohio 44711-9345**
4. All information will be treated confidentially, become the property of the Scholarship Committee, and **will not be returned**.
5. All materials must be postmarked by **April 1st**.

SCHOLARSHIP RULES

1. Applicant must submit a separate **one sided** typed sheet listing the following:
 - A. High School Activities
 - B. A list of Non School Activities
 - C. A list of Honors and Awards received.
2. The Scholarship Committee will determine the number and amount of each scholarship to be awarded.
3. An applicant must be a person of Italian American heritage; and reside in Stark County, Ohio; and, who will graduate this year from a Stark County High School.
4. A Scholarship Award will be made in two equal installments. The first installment will be presented at the Awards Breakfast at the Italian Festival. The final installment will be made when notification is received confirming your enrollment in good standing for the second semester at the College/University and the receipt of an official college transcript of your first semester grades.
5. Scholarship awards are limited to high school seniors. The award will be granted on the basis scholarship ability, character, extra curricular activities, and completed forms.
6. Applicants must submit a **200** word double spaced essay using **12 pt. font size** entitled:

AN ITALIAN / AMERICAN . . . THAT'S ME!
7. Applicants must submit a Letter of Recommendation from a Senior Year Faculty Member from your high school.
8. Application **finalists** must be available for a scheduled personal interview with the Scholarship Committee. (Finalists will be notified seven days prior to the interview date.)
9. **PLEASE NOTE:** Scholarship Recipient **MUST** be present at the Awards Breakfast for the Scholarship Award presentation. Failure to comply will **FORFEIT** the Scholarship.
10. Completed Application Forms and accompanying materials **MUST** be returned via **US Mail** postmarked by **April 1st**.

Attach a recent **WALLET-SIZED** Yearbook style photo.


I have read all the scholarship rules and instructions attached and hereby submit this application for scholarship. If I am a recipient, you have my permission to use the enclosed photo for publicity purposes.

Applicant's Signature


Date of Application

ITALIAN HERITAGE LINEAGE

FATHER'S FAMILY

Father <hr/> (first & last name) Italian <input type="radio"/> yes <input type="radio"/> no			
Grandfather <hr/> (first & last name) Italian <input type="radio"/> yes <input type="radio"/> no		Grandmother <hr/> (first & maiden name) Italian <input type="radio"/> yes <input type="radio"/> no	
Great Grandfather <hr/> <hr/> (first & last name) Italian <input type="radio"/> yes <input type="radio"/> no	Great Grandmother <hr/> <hr/> (first & maiden name) Italian <input type="radio"/> yes <input type="radio"/> no	Great Grandfather <hr/> <hr/> (first & last name) Italian <input type="radio"/> yes <input type="radio"/> no	Great Grandmother <hr/> <hr/> (first & maiden name) Italian <input type="radio"/> yes <input type="radio"/> no

MOTHER'S FAMILY

Mother <hr/> (first & maiden name) Italian <input type="radio"/> yes <input type="radio"/> no			
Grandfather <hr/> (first & last name) Italian <input type="radio"/> yes <input type="radio"/> no		Grandmother <hr/> (first & maiden name) Italian <input type="radio"/> yes <input type="radio"/> no	
Great Grandfather <hr/> <hr/> (first & last name) Italian <input type="radio"/> yes <input type="radio"/> no	Great Grandmother <hr/> <hr/> (first & maiden name) Italian <input type="radio"/> yes <input type="radio"/> no	Great Grandfather <hr/> <hr/> (first & last name) Italian <input type="radio"/> yes <input type="radio"/> no	Great Grandmother <hr/> <hr/> (first & maiden name) Italian <input type="radio"/> yes <input type="radio"/> no

Have you or your family **attended** any of our Italian festivals? yes no
 Have you or your family been actively **involved** with our Italian festival? yes no
 If yes – name of volunteer (s) _____
 In what capacity or area? _____
 In what years? _____

DEADLINE

ALL INFORMATION MUST BE POSTMARKED BY
APRIL 1ST