Italian Cultural Center of Western Massachusetts, Inc.

The Scholarship Committee requests the following information, which will be kept in strict confidence. No application will be considered unless this form is complete, and an official academic transcript has been forwarded to the Committee by the applicant's school counselor along with the applicant's GPA, Class Rank and SAT scores (if applicable).

(Please type or print)				
STUDENT INFORMATION:		Date of Birth/		
Student's Full Name:				
	Last	F	First MI	
Address:				
Street		City/Town	State/Zip	
Telephone:	Cell:	E-mail:		
PARENT INFORMATION	[:			
Father's Full Name:		Telephone:		
Address:Street		City/Town	State/Zip	
		•		
E-mail:				
Occupation:		Employer:		
Position:				
Mother's Full Name:		Telephone:		
(including Maiden name)				
Address:				
Street		City/Town	State/Zip	
E-mail:				
	Employer:			
Position:				
(For children of non-member If neither parent's surname grandparent(s) who is (are)	e/mother's maide	n name are Italian, pleas	se give the full name(s) of the	
Name:	Addres	ss:		
Name:	Addres	ss:		

FAMILY INFORMATION:

	of brothers and sisters (stage, provide the name of the Co		e oldest) living at home. If any are	
currently attending Coneg	e, provide the hame of the Co	onege.		
COLLOGI INFORMATI	ON			
SCHOOL INFORMATI	ON:			
Name of High School:				
Address:				
Street		City/Town	State/Zip	
Name of Counselor:		Telephone:		
Your date of graduation: _				
COLLEGE INFORMAT	FION: ference, the college(s) to which	ch vou have a	nnlied:	
-				
1	•	Accepted?	Yes No	
2		Accepted?	Yes No	
3		Accepted?	Yes No	
Intended Major (and Mino	or if applicable):			
FINANCIAL INFORMA	ATION			
As accurately as possible,	list below your expected exp	enses for the	next school year:	
Tuition: \$	Books: \$		Room/Board: \$	
			Total: \$	
How much have you perso	onally earned toward this exp	ense? \$_		
How much (additional) do	you expect to earn before co	ollege? \$_		
How much can you depen	d on receiving from parents/1	family? \$_	<u> </u>	
How much financial aid ha	as been offered from school/			

LETTERS OF RECOMMENDATION:

Provide **two** letters of recommendation: One must come from a teacher or counselor and the other from a non-academic adult who is not a family member.

List below any other scholarships for which you have been received as a result:	we applied and indicate what, if any, assistance has
List any school clubs or activities in which you are in	volved:
List any school honors that you have received:	
List any community activities in which you are involved	red (volunteer and/or work):
ESSAY: Write a short essay (250 words or less) describing Cultural Center means to me" and attach the essay to	
Please use separate sheets of paper to supply addition sheets to the application to ensure their safe keeping.	al information, as necessary. Be sure to staple these
SIGNATURES: I have reviewed the information on this application	and it is correct to the best of my knowledge:
Applicant:	
Parent: Cou	inselor:
☐ I AM THE SON/DAUGHTER/GRANDCH	ILD OF AN ICC MEMBER
(PRINT Name of Related ICC Member) □ I AM NOT RELATED TO AN ICC MEMB	(Signature of Related ICC Member) ER:
(PRINT Name of Sponsoring ICC Member)	(Signature of Sponsoring ICC Member)

Please submit this completed application and all required documentation, **POSTMARKED NO LATER THAN APRIL 15**, to:

DOCUMENTATION CHECKLIST

Fully Completed Application, signed by Parent, Counselor and Italian Cultural Center Member
Two Letters of Recommendation
Essay
Sealed Transcript
GPA, Class Rank, and SAT Scores
Send all required information, postmarked no later than April 15, 2021 to:
Italian Cultural Center of Western Mass., Inc. Attention: Scholarship Chair 56 Margaret St. Springfield, MA 01105