

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 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: _____

Occupation: _____ Employer: _____

Position: _____

(For children of non-members, please complete the following)

If neither parent's surname/mother's maiden name are Italian, please give the full name(s) of the grandparent(s) who is (are) of Italian descent.

Name: _____ Address: _____

Name: _____ Address: _____

List below any other scholarships for which you have applied and indicate what, if any, assistance has been received as a result:

List any school clubs or activities in which you are involved:

List any school honors that you have received:

List any community activities in which you are involved (volunteer and/or work):

ESSAY:

Write a short essay (250 words or less) describing: "What receiving a scholarship from the Italian Cultural Center means to me" and attach the essay to the application.

Please use separate sheets of paper to supply additional information, as necessary. Be sure to staple these sheets to the application to ensure their safe keeping.

SIGNATURES:

I have reviewed the information on this application and it is correct to the best of my knowledge:

Applicant: _____

Parent: _____ **Counselor:** _____

I AM THE SON/DAUGHTER/GRANDCHILD OF AN ICC MEMBER

(PRINT Name of Related ICC Member)

(Signature of Related ICC Member)

I AM NOT RELATED TO AN ICC MEMBER:

(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:

Italian Cultural Center of Western Massachusetts, Inc.
Attention: Scholarship Chair
56 Margaret Street
Springfield, MA 01105

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, 2020 to:

**Italian Cultural Center of Western Mass., Inc.
Attention: Scholarship Chair
56 Margaret St.
Springfield, MA 01105**