

Italian American Heritage Club of Hunterdon County

**Antonio and Alesandria DeSapio Scholarship Award
Application**

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 Antonio and Alesandria DeSapio 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

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 IAHCHC awards committee.

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

Completed Applications should be emailed to:
Angela Lambert at **italianamericanhc@gmail.com**