

Italian American Heritage Club of Hunterdon County

Paterniti Family Annual Scholarship Application

Established 2008

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: _____

Please list any other dependents receiving financial support from family:

State relationship to student and if living with family:

Parents'/Guardians' home/mailling address: _____

Parents'/Guardians' Telephone Number: Home _____

Cell _____

Email _____

Student's Email _____

Did you file the FAFSA Form? _____ Yes No _____

If yes, please include the FAFSA form.

Please, state below the circumstances you feel make it necessary for you to receive this scholarship award.

What do you expect to contribute financially to your education?

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 Commitments, 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 **-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 Paterniti Family Annual Scholarship. 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 Awards Program

Check List

The following check list must 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 scholarship awards committee.

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

Completed Applications should be emailed to:

Angela Lambert at **italianamericanclubhc@gmail.com**