

Italian American Heritage Club of Hunterdon County

## Thomas and Lena LaMarca Annual Scholarship Application

Established 1997

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 \_\_\_\_\_

**Parents'/Guardians' Financial Information**

Father/Guardian: \_\_\_\_\_  
Employer                      Position                      Approx. Gross Income

Mother/Guardian: \_\_\_\_\_  
Employer                      Position                      Approx. Gross Income

Please state any unusual circumstances that you wish to be taken into consideration:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check the statement which is correct:  We own our home.  We rent our home.

**Student's Financial Information**

Employer	Dates of Employment	Estimate Hours per Week	Hourly Rate
_____	_____	_____	_____
_____	_____	_____	_____

Do you have a job this coming summer?  Yes  No

If yes, give name of employer and estimate summer hours per week:

Employer: \_\_\_\_\_ Estimated Summer Income: \_\_\_\_\_

Have you received scholarship help from other sources?  Yes  No

If yes, list source/s, amounts and number of years below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

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**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 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 Thomas and Lena LaMarca 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](mailto:italianamericanclubhc@gmail.com)**

Italian American Heritage Club of Hunterdon County 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 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](mailto:italianamericanclubhc@gmail.com)**