

Italian Ammerican National Hall of Fame
P.O. Box 4205 Trenton, NJ 08610
(609) 396-4690



SCHOLARSHIP APPLICATION

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Last Name

First

M.I.

--	--	--	--

Street

City

State

Zip

--

Telephone

--	--

High School

Telephone

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Address

SCHOLARSHIPS ARE AWARDED TO STUDENTS OF ITALIAN-AMERICAN HERITAGE BASED ON ACADEMIC EXCELLENCE AND CHARACTER.

THE STUDENT MUST COMPLETE PAGES ONE, TWO AND THREE OF THIS APPLICATION. PAGE FOUR MUST BE COMPLETED BY THE SCHOOL PRINCIPAL OR DESIGNEE AND MAILED TO THE ITALIAN AMERICAN NATIONAL HALL OF FAME SCHOLARSHIP COMMITTEE, P.O. BOX 3442, TRENTON, NEW JERSEY 086190,

APPLICATIONS MUST BE RECEIVED BY APRIL 1.

Revised As of 3/06

NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY#: _____

PLACE OF BIRTH: _____

FATHER'S NAME _____ NATIONALITY: _____

OCCUPATION: _____

EMPLOYER: _____

ADDRESS: _____

MOTHER'S MAIDEN NAME: _____ NATIONALITY: _____

OCCUPATION: _____

EMPLOYER: _____

ADDRESS: _____

SIBLINGS: NUMBER: _____ AGES: _____

NUMBER PRESENTLY ATTENDING COLLEGE (SIBLINGS): _____
LIST COMMUNITY

ACTIVITIES: _____

HAVE YOU BEEN ACCEPTED TO A COLLEGE OR UNIVERSITY YES NO
(IF YES, INCLUDE A COPY OF YOUR LETTER OF ACCEPTANCE)

PLEASE ATTACH A 3" X 5" PHOTOGRAPH BELOW:
(HEAD AND SHOULDER)

**PLEASE WRITE AN ESSAY CONCERNING YOUR ITALIAN HERITAGE. IF
ADDITIONAL SPACE IS NEEDED, PLEASE USE BOND PAPER.**

[Lined area for writing an essay]

**I HEREBY AUTHORIZE THE RELEASE OF A TRANSCRIPT (INCLUDING
SAT SCORES) OF MY SCHOOL RECORDS AND ANY OTHER PERTINENT
PERSONAL INFORMATION TO THE ITALIAN-AMERICAN NATIONAL
HALL OF FAME, INC.**

DATE

STUDENT'S SIGNATURE

DATE

PARENT'S SIGNATURE

TO THE SCHOOL PRINCIPAL OR DESIGNEE: PLEASE COMPLETE THE FOLLOWING INFORMATION AND RETURN THE COMPLETED APPLICATION TO THE ITALIAN-AMERICAN NATIONAL HALL OF FAME.

THE APPLICANT NAMED HEREIN RANKS NUMBER _____ IN A GRADUATING CLASS OF _____ STUDENTS.

THE NUMBER OF COMPLETED HONORS AND/OR ADVANCED PLACEMENT COURSES: _____

PLEASE INCLUDE A COPY OF THE APPLICANT'S TRANSCRIPT. (REQUIRED - MUST CONTAIN SAT SCORES.)

PLEASE LIST ALL SCHOOL ACTIVITIES AND ANY POSITION/S THE APPLICANT HELD.

PLEASE EXPLAIN BELOW WHY YOU BELIEVE THIS STUDENT SHOULD BE CONSIDERED FOR THE SCHOLARSHIP AWARD. IF ADDITIONAL SPACE IS NEEDED, PLEASE USE BOND PAPER.

DATE

PRINCIPAL OR DESIGNEE