



Italian American National Hall of Fame
P.o. Box 3442 Mercerville, NJ 08619
609-586-9010

Print Form

Reset Form

SCHOLARSHIP APPLICATION

[Redacted]			
Last Name		First	
[Redacted]			
Street	City	State	Zip
[Redacted]			
Telephone			
[Redacted]		[Redacted]	
High School	Telephone		
[Redacted]			
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, MERCERVILLE, NEW JERSEY 08619,

APPLICATIONS MUST BE RECEIVED BY APRIL 1.

Revised As of 2/28/2018

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.

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

DATE

STUDENT'S SIGNATURE

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