

ITALIAN AMERICAN CHAMBER OF COMMERCE OF MICHIGAN



SCHOLARSHIP APPLICATION

ELIGIBILITY:

To be eligible to apply and compete for an **Italian American Chamber of Commerce of Michigan (IACCM)** Scholarship, applicants must meet all the following criteria:

- A) Applicant must be of Italian ancestry.
- B) Applicant must be a graduating high school senior or full-time undergraduate student attending an accredited college or university and working toward a two- or four-year degree.
- C) Applicant must be domiciled in the state of Michigan.
- D) Applicant must have a cumulative GPA of at least 3.0 on a 4.0 scale.

All Applicants who satisfy the above requirements then compete for the limited number of IACCM scholarships awarded annually. The final selection of scholarship recipients is determined solely by the IACCM Scholarship Committee.

APPLICATION REVIEW:

In reviewing the scholarship applications, the IACCM Scholarship Committee considers the following factors:

- A) academic record,
- B) community service record,
- A) participation in extracurricular activities,
- B) work experience,
- C) references and recommendations,
- D) essay,
- E) any extraordinary circumstances.

Italian American Chamber of Commerce Scholarships are awarded on a competitive basis. Students must apply annually.

PERSONAL INFORMATION	
Name:	Phone:
Address/City/Zip:	
Date of Birth:	Email:
Parents' Names: (Father)	(Mother)
Has a relative (family member) been an active member in good standing of the Italian American Chamber of Commerce for at least 12 months immediately prior to the date of this application?	
___ Yes ___ No	
If "yes" to the above question, state that member's name and relationship to you:	
Name:	Relationship:
Are you currently: A graduating high school senior _____ A full-time undergraduate student _____	
Date of Graduation:	GPA: Intended Degree/Major:

List in chronological order all high schools, colleges, or universities you have attended (begin with the institution you are currently attending):

NAME OF INSTITUTION	CITY AND STATE	DATES ATTENDED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you are a graduating high school senior, list the colleges/universities you have applied to or will be attending:

NAME OF INSTITUTION	CITY AND STATE	STATUS (accepted/attending)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

AWARDS AND HONORS

List any awards, honors or special recognitions you have received:

DESCRIPTION OF AWARD/HONOR	NAME OF AWARD/HONOR	DATE RECEIVED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMMUNITY SERVICE

List all community organizations in which you have actively participated in the past 12 months:

Name of Organization	Services Performed	Dates and number of Service Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EXTRACURRICULAR ACTIVITIES

List any other extracurricular activities in which you have actively participated in the past 12 months:

NATURE OF ACTIVITY	DATES OF ACTIVITY
_____	_____
_____	_____
_____	_____

*Attach separate sheet, if necessary, to list achievements, etc.

EMPLOYMENT

List any work experience you have had (begin with your most recent employer):

NAME OF EMPLOYER	DATE OF EMPLOYMENT	POSITION HELD
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER SCHOLARSHIPS

Have you been awarded any other scholarships in the past 12 months? ____Yes ____No

If you answered "yes" to the above, state:

Date of Award	Name of Scholarship	Award Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER REQUIREMENTS:

Each completed and signed application **MUST** be submitted with:

1. Two (2) letters of recommendation.
2. A typed essay (1-2 page) that includes a personal statement, future goals (career and educational) as well as the significance of your Italian heritage.
3. Official copy of current high school or college/university transcript.
4. Copies of community service log sheets or verification letters.

CERTIFICATION:

The supporting documentation and information I provided in this application is true and accurate to the best of my knowledge and belief. I hereby authorize release to the IACCM scholarship committee of all information in this application and supporting documents.

date _____ signed _____
Applicant
Parent/Guardian

**RETURN COMPLETED APPLICATION
POSTMARKED NO LATER THAN APRIL 1ST to:**

**IACCM
 Joseph Toia, Scholarship Chairman
 51194 Romeo Plank, #354
 Macomb, MI 48042**