ITALIAN AMERICAN CLUB OF LIVONIA
CHARITABLE FOUNDATION SCHOLARSHIP

Information and Application Materials 2022/2023 Scholastic Year
39200 Five Mile Road
Livonia MI 48154
734-953-1106 - www.iaclcf.com

ELIGIBILITY REQUIREMENTS

To be eligible for an IACL Charitable Foundation Scholarship, all candidates must meet the following requirements:

Italian Ancestry, Academics, Financial Need and Character

1. Candidates must establish Italian Ancestry and reside in Southeast Lower Michigan.
2. Candidates must have completed their junior year of high school in the spring of 2022, have a B average in all classes.
3. Candidates GPA is to be submitted based on a 4.0 scale.
4. Candidate's need for financial assistance will be considered.
5. Candidates must be outstanding in character, integrity and leadership.

All candidates who satisfy the above requirements then compete for the limited number of IACL Charitable Foundation Scholarships awarded annually. The final selection of scholarship recipient's rests with the Scholarship Committee.

APPLICATION PROCEDURES

- Applications are accepted after May 1, 2022, of the candidate's junior year in high school. The application must be received by October 31, 2022
- All supporting documents must also be received by the application deadline. **Only original application forms will be accepted. All application materials must be mailed to: IACL Charitable Foundation Scholarship Committee, 39200 Five Mile Road, Livonia, MI 48154. All parts should be mailed unfolded in a large *(9x12)* envelope.**
- Complete the Scholarship Application *(pages 1 through 4)* and Candidate's Essay. Mail the completed application along with the Candidate's Essay, and one photograph of the candidate.
- Complete the top portion of the High School Evaluation and submit to your high school. Request that the completed High School Evaluation, along with an official transcript and the required high school letter of recommendation, be sent to the **IACL Charitable Foundation Scholarship Committee 39200 Five Mile Road Livonia MI 48154**
- **An application will be considered only if the above directions are followed accurately and completely.** All applications received will be acknowledged by mail. Applications are reviewed by the Scholarship Committee.

PROVISIONS OF THE IACL CHARITABLE FOUNDATION SCHOLARSHIP

IACL Charitable Foundation Scholarships are limited to the universities which adhere to a traditional educational curriculum in or outside the State of Michigan. Candidates are required to be of Italian descent. A recipient of the Scholarship must provide a report to the Charitable Foundation of the courses taken and grades received for the year the Scholarship is awarded. All funds will be sent directly to the university which the recipient is attending. All Scholarships are awarded for one term, must be used within one year of the Applicant's High School graduation.

IACL Charitable Foundation Office Use Only

Applicant No: _____

IACL CHARITABLE FOUNDATION
SCHOLARSHIP APPLICATION

Information and Application Materials
2022/2023 Scholastic Year

Name _____
First *Middle* *Last*

Home Address _____
Number and Street *City* *State* *Zip Code*

Telephone Number _____ E-mail Address _____

Check One Male _____ Female _____ Citizenship US _____ Other *(list)* _____

Birth Date _____ Birthplace _____

High School _____ Year of High School Graduation _____

Father's Full Name _____ Mother's Full Name _____

2021 Household Income *(please check one)* $0 - $49,999 ___ $50,000 - $99,999 ____ $100,000 + ___

Are you or your family a member of the Italian American Club of Livonia? You_____ Father_____ Mother_____

Italian Organizations to which you or your family belong _____

Italian Ancestry *(check one or both if applicable)* Mother _____ Father _____

Italian Province _____

CANDIDATE'S ESSAY

Please prepare, on a separate sheet of paper, a typed essay *(1 to 2 pages, double spaced)* that will enable the Scholarship Committee to become better acquainted with you. Your essay should include personal background, future goals, what you expect from a college education, and your qualifications for an IACL Charitable Foundation Scholarship.

UNIVERSITY SELECTION

Please indicate the university*(ies)* to which you intend to apply or will be attending.

Name of University

1 _____

2. _____

3. _____

Field of Study _____

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HIGH SCHOOL INFORMATION

List in chronological order all high schools attended

School name *City* *State* *Dates Attended* *Year of Graduation*

List high school activities in which you have participated and special recognition you have received for academic excellence. Include type of recognition received, leadership positions held and year*(s)* of participation *(9, 10, 11).*

List community and other activities not connected with your high school in which you have participated. Indicate type of recognition received, leadership positions held and year*(s)* of participation *(9, 10, 11).*

List your hobbies and interests.

Additional information

I certify that the information in this Application is true and accurate to the best of my knowledge and belief. I understand that in order to be eligible for the IACL Charitable Foundation Scholarship, I must meet the IACL Charitable Foundation's standards relating to ancestry, academics, financial need and character. I hereby authorize release to the Scholarship Committee of all information in this application and supporting documents. I understand that the Scholarship Committee will make the final decision.

Signed _____ Signed _____

Candidate *Parent/Guardian*

Along with this completed and signed application, please submit.
(1) Candidate's Essay
(2) One 2-½"x3" photograph of yourself. Please write your name on the back of the photograph
(3) High School Complete High School Evaluation Form
Applications are accepted after **May 1, 2022**, following the candidate's junior year in high school. The application and supporting documentation must be received by **October 31, 2022.**

Mail **original** *(no photocopies),* unfolded application and required documents in a large *(9x12)* envelope addressed to: IACL Charitable Foundation Scholarship Committee 39200 Five Mile Road Livonia MI 48154.

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Applicant No: _____

HIGH SCHOOL EVALUATION

To be filled out by High School

Candidate TYPE or PRINT CLEARLY this section. Then submit to your high school for completion

Candidate's Name _____
First *Middle* *Last*

Home Address _____
Number and Street *City* *State*

High School _____ Year of Graduation _____

This section of the application for the Scholarship should be completed by the person designated by the principal. All responses will be kept confidential. Please complete and mail unfolded with the **applicant's high school transcript** and the required high school letter of recommendation in a large *(9x12)* envelope to **IACL Charitable Foundation Scholarship Committee**, 39200 Five Mile Road Livonia MI 48154. All supporting documents are accepted after **May 1, 2022** and should be received by the **October 31, 2022** application deadline. GPA must be based on a 4.0 scale.

The applicant, at the end of the junior year, ranks _____ in a class of _____
Highest is 1 *Number in Class*

Grade Point Average _____
(4.0 scale)

Rate the applicant's conduct and appearance __ Superior __Excellent __ Good __ Average __ Poor

Rate the applicant's character and reputation for integrity __ Superior __Excellent __ Good __ Average __ Poor

Rate the applicant's overall contribution to the school. __ Superior __Excellent __ Good __ Average __ Poor

Rate the applicant's ability to get along with others. __ Superior __Excellent __ Good __ Average __ Poor

Rate the applicant's ability to work independently and to define goals and objectives

___ Superior __ Excellent __ Good __ Average __ Poor

In summary, please indicate the level of recommendation you wish to give this applicant for the Scholarship

___ Highest Recommendation ___ Recommend Highly ___ Recommend ___ Recommend with Reservations __ Do not Recommend

On **school letterhead,** *(letter of recommendation)* please comment regarding the candidate's overall record as a member of your high school. Include special recognition received, disciplinary action taken and factors of health or home conditions that may have affected the applicant's schoolwork and should be taken into consideration in reviewing the application.

Signature _____ Date _____

Print Name _____ Title _____

E-Mail _____ Telephone _____

Student's Counselor Name _____ Counselor Telephone _____

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Applicant No: _____