



2019



COLLEGE Scholarships

**ATTENTION HIGH SCHOOL COUNSELORS
PLEASE POST THIS NOTICE**

2019 SCHOLARSHIP

**NOTICE OF APPLICATIONS BEING ACCEPTED
ITALIAN AMERICAN CLUB OF LIVONIA
CHARITABLE FOUNDATION**

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 2019**, have a **B average** in all classes, and **have taken the ACT or SAT**.
3. Candidate's need for financial assistance will be considered.
4. 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 rests with the Scholarship Committee.

Applications are accepted after April 1, 2019; of the candidate's junior year in high school. The completed application must be received by July 31, 2019.

To obtain an application and for more information contact:

**Italian American Club of Livonia Charitable Foundation
39200 Five Mile Road
Livonia, MI 48154
Phone 734-953-1106 x2**



ITALIAN AMERICAN CLUB OF LIVONIA CHARITABLE FOUNDATION SCHOLARSHIP
Information and Application Materials
2019/2020 Scholastic Year
Italian American Club of Livonia Charitable Foundation
39200 Five Mile Road
Livonia, MI 48154
Phone 734-953-1106 - Fax 734-953-2992 - www.iaclcf.com

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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 2019, have a B average in all classes, and have taken the ACT or SAT.
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 April 1, 2019 of the candidate's junior year in high school. The application must be received by July 31, 2019.
- 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, 39200 Five Mile Road, Livonia, MI 48154. All parts should be mailed unfolded in a large (9"x12") 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 wallet-sized photograph of 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 (including grade point average and ACT/SAT scores) and the required high school letter of recommendation, be sent to the **IACL Charitable Foundation, 39200 Five Mile Road, Livonia, MI 48154**
- All candidates are required to take the Scholastic Achievement Test (SAT) or the American College Test (ACT). The official documentation of the SAT and/or the ACT must be included and received in the packet with the student's application by July 31, 2019.
- **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. The Committee, if it deems it necessary, will interview all finalists.

PROVISIONS OF THE IACL FOUNDATION SCHOLARSHIP

IACL 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 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 and may be renewable at the option of the IACL Charitable Foundation.



IACL CHARITABLE FOUNDATION SCHOLARSHIP APPLICATION

Information and Application Materials
2019/2020 Scholastic Year

Social Security Number _____

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 Name: _____ Mother's Name: _____

2018 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. _____

4. _____

Field of Study _____



HIGH SCHOOL INFORMATION

List in chronological order all high schools attended.

<i>School name</i>	<i>City</i>	<i>State</i>	<i>Dates attended</i>	<i>Year of graduation</i>
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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 2-1/2"x3" photograph of yourself. Please write your name on the back of the photograph, (3) Have High School Complete High School Evaluation Form (4) Results of SAT and/or ACT test. Applications are accepted after April 1, 2019 following the candidate's junior year in high school. The application and supporting documentation must be received by July 31, 2019.

Mail original (*no photocopies*), unfolded application and required documents in a large (9" x 12") envelope addressed to:
 IACL Charitable Foundation 39200 Five Mile Road Livonia, MI 48154.



ITALIAN AMERICAN CLUB OF LIVONIA SCHOLARSHIP APPLICATION HIGH SCHOOL EVALUATION

CONFIDENTIAL

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 (including grade point average and ACT/SAT scores)** and the required high school letter of recommendation in a large (9" x 12") envelope to: IACL Charitable Foundation, 39200 Five Mile Road, Livonia, MI 48154. All supporting documents are accepted after April 1, 2019 and should be received by the July 31, 2019 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

ACT Composite Score: _____ SAT Composite Score: _____ GPA: _____
(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 ability to work independently and to define goals and objectives.
 ___ 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

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

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

On school letterhead, 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 school work and should be taken into consideration in reviewing the application.

Signature: _____ Date: _____

Name: _____ Title: _____

E-Mail: _____ Telephone: _____

Student's Counselor Name: _____ Counselor Telephone: _____