## Italian American Club of Hilton Head 2024 Scholarship Application

Italian American Club of Hilton Head, PO Box 21736, Hilton Head, SC 29925

This year we will be able to offer 4 Scholarships in the amount of \$2,000 : one in each of the following areas:

- \* Health Care
- \* Engineering
- \* Italian Heritage

\*one additional Scholarship will be based on need

The primary criteria for the awarding of each of these scholarships is financial need. Scholarship and community service are also considered.

These scholarships are available to graduating high school students and home-schooled students in southern Beaufort County. This scholarship application form <u>must be submitted to be considered.</u> You can find specific information about this scholarship at www.iachh.org/scholarships or from your school's Guidance Office.

## **General Instructions to Applicant**

- 1. Make a copy of the blank application form and complete a draft copy first.
- 2. Return a typed or neatly printed application to your high school guidance counselor to allow sufficient time to meet the March 15, 2023. submission. Keep in mind this application is the first impression you will make upon those who award scholarships.
- 3. This scholarship requires additional information such as the FAFSA application and specific financial documents.
- 4. ESSAY –(Very important) To be considered you must write an essay (500 words or less) that tells us about you. Tell us what motivates you, what you have done, what you hope to get from your education and what you hope to accomplish in life. Let us know what special things about you and your background we should consider. If you are applying for our Italian Heritage Scholarship this is where you should include that information. If you need help or have questions please call Joe Maggi at (843) 842-2924 or George Paletta at 914-261-3603.

## 1. Personal Information Full name of applicant\_\_\_\_\_\_ Telephone number\_\_\_\_\_\_ Present home address\_\_\_\_\_ Email \_\_\_\_\_\_ City\_\_\_\_\_State\_\_\_\_Zip\_\_\_\_ Number of years lived in Beaufort County \_\_\_\_\_\_ Citizenship \_\_\_\_\_ Date of birth Social Security Number 2. Family Information Mother's name Father's name Occupation \_\_\_\_\_ Occupation \_\_\_\_\_ Street address \_\_\_\_\_ Street address \_\_\_\_\_ City,ST,Zip \_\_\_\_\_ City,ST,Zip Phone number \_\_\_\_\_ Phone number \_\_\_\_\_ Name and ages of siblings/other dependents. Indicate what school(s) they attend. School or college/years attended Name Relationship Age

a. Name all secondar are presently attending		ended in the last five years. List the school you
b. What course of stud	ly would you like to pursue?	
c. What future busines	s or educational career will you likely p	oursue after finishing college?
d. What college(s) wo acceptance status	uld you most like to attend? Please exp	olain your reason. Please indicate your
f. List scholarships, g Indicate funding amou Name		ied, and check the ones you plan to use.  Plan to use
ections 4a, 4b, and 4c.	c, service, and extra activities ds, achievements and dates.	S. Use additional pages or attach resume for
b. List participation in	athletic activities.	

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<b>Employment Hist</b>	_	
List jobs you have held in	-	11
Employer Dates Hours per Position Salary		Hours per week
Your Expected C	ost of College:	
	ving information for each school th	nat you apply to.
Colle	ge or University	Total Annual Cost \$ (tuition, room & board, book
	ummary You must submit	
current year. Please attac		of you, your parent(s) or guardian(s) for the recent Federal Income Tax statement to the
Name of person	Income and year	Total annual income
	SA (Free Application for Federal Studer expected family contribution).	nt Aid)? If so, please submit a returned

	c. Describe any special circumstances such as medical conditions, disabilities, etc. that may affect your ability to pay for your college tuition. Use additional pages if necessary.
8.	Transcript History (This must be provided)
	This section is to be completed by your principal or guidance counselor. Attach a certified transcript of the student's high school record to this sheet.
	Ranking in senior class:of
	GPA: on a scale
	Best Combined SAT Score: VerbalMath
	Best ACT Score: DateScore
	Signature of principal or guidance counselor
	Digitative of principal of guidantee counselor
	I state the above information is accurate to the best of my knowledge.
	Signature of Applicant_
	Date
	NOTE: DEADLINE – March 15, 2023 Contact: Joe Maggi 843-842-2924 or George Paletta 914-261-3602 Submit to Italian American Club of Hilton Head,
	PO Box 21736
	Hilton Head Island, SC 29925
	You may also email your application to maggidi@roadrunner.com

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