

ITALIAN AMERICAN CHAMBER OF COMMERCE- MIDWEST

APPLICATION FOR SCHOLARSHIP

Name: _____

Address: _____ City, State, Zip _____

Birth Date: _____ Phone: __ (____) _____

Social Security #: _____

Current Status: High School Senior Undergraduate

Name: School attending _____ Selected College _____

Rank in Class: _____ GPA _____

Occupation or Profession for which you wish to prepare: _____

Your relationship, if any, with the Chamber: _____

Name activities within the school: _____

Name activities outside of school: _____

Scholastic honors received: _____

What employment have you had: _____

FAMILY DATA

Where you born in Italy? Yes No

Father's name and Occupation: _____

Father of Italian Descent? Yes No

Mother's maiden name and Occupation: _____

Mother of Italian Descent? Yes No

What areas of Italy are your relatives from? _____

Number of children in family: _____ Ages: _____

Number of brothers and sisters now attending

Elem. School _____ High School _____ College _____

Who was most influential in encouraging you to become interested in your chosen field and now:

Date _____ Signature _____

Forward to the Chamber together with other requirements listed in our letter to your Counselor no later than if chosen, you will be contacted by the Scholarship Committee for further instructions.