

ITALIAN AMERICAN CLUB OF LIVONIA CHARITABLE FOUNDATION SCHOLARSHIP

Information and Application Materials 2023/2024 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.
- Candidates must have completed their junior year of high school in the spring of 2023, 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, 2023, of the candidate's junior year in high school. The application must be received by October 31, 2023
- 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.

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Name

IACL CHARITABLE FOUNDATION SCHOLARSHIP APPLICATION

Information and Application Materials 2023/2024 Scholastic Year

First		Middle		Last	
Home Addre	ess				
	Number and Street	City	State	Zip Code	
Telephone N	lumber	E-mail Address	5		
Check One	Male Female		Citizenship US	Other (list)	
Birth Date _		_Birthplace			
High School			Yea	ar of High School	Graduation
Father's Full	Name		_ Mother's Full Nam	e	
2022 Housel	hold Income <i>(please check o</i>	ne) \$0 - \$49,999	_ \$50,000 - \$	99,999	\$100,000 +
Are you or y	our family a member of the	Italian American Club o	f Livonia?		
Chec	ck all that apply You	Father Mothe	r Grandpare	nts	
Italian Orgar	nizations to which you or yo	ur family belong			
Italian Ances	stry (check one or both if app	olicable) Mothe	r Fa	ther	
		CANDIDATE'	S ESSAY		
Committee to	re, on a separate sheet of particles of part	d with you. Your essay	should include pers	sonal background	d, future goals, wha
		UNIVERSITY	SELECTION		
F	Please indicate the university	(ies) to which you inter	nd to apply or will be	attending.	
1					
	2				
	s				
F	Field of Study				

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HIGH SCHOOL INFORMATION

List in chronological or	der all high schools a	attended		
School name	City	State	Dates Attended	Year of Graduation
_	· ·		nd special recognition you listions held and year(s) of par	have received for academic ticipation (9, 10, 11)
List community and ot recognition received, l		•	gh school in which you have articipation (9, 10, 11)	participated. Indicate type of
List your hobbies and i	nterests			
Additional information	1			
understand that in ord Foundation's standard	der to be eligible for is relating to ancestr ee of all information	the IACL Charitable y, academics, financ on in this application	ial need and character. I her	my knowledge and belief. I ust meet the IACL Charitable eby authorize release to the nts. I understand that the
Signed			Signed Parent/Guardian	
Canalaate			ruieiil/Guuruiuil	

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 and letter of recommendation

Applications are accepted after **May 1, 2023**, following the candidate's junior year in high school. The application and supporting documentation must be received by **October 31, 2023**.

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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App	licant	Number	



ITALIAN AMERICAN CLUB OF LIVONIA CHARITABLE FOUNDATION SCHOLARSHIP APPLICATION **HIGH SCHOOL EVALUATION** To be filled out by the High School

Candidate's Name			
	First	Middle	Last
Home Address			
	Number and Street	City	State
High School	Year of Graduation		Graduation

Tŀ 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, 2023 and should be received by the October 31, 2023 application deadline. GPA must be based on a 4.0 scale. The applicant, at the end of the junior year, ranks Highest is 1 Grade Point Average _ (4.0 scale) Rate the applicant's conduct and appearance __ Superior __Excellent __ Good __ Average __ Poor Superior __ Good __ Average Excellent Rate the applicant's character and reputation for integrity Poor Rate the applicant's overall contribution to the school. __ Superior __Excellent __ Good __ Average Rate the applicant's ability to get along with others. Superior Excellent __ Good __ Average 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 ___ Recommend ___ Recommend ___ Recommend Highest __ Do not Recommendation Highly Recommend On the 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 ______

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App	licant	Number	