



**ITALIAN AMERICAN CLUB OF LIVONIA CHARITABLE FOUNDATION SCHOLARSHIP**  
**Information and Application Materials**  
**2020/2021 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**

**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 2020, 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, 2020 of the candidate's junior year in high school. The application must be received by October 31, 2020.
- 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 (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 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 October 31, 2020.
- **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  
2020/2021 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 Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

2019 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, 2020 following the candidate's junior year in high school. The application and supporting documentation must be received by October 31, 2020.

Mail **original** (no photocopies), unfolded application and required documents in a large (9x12) 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, 2020 and should be received by the October 31, 2020 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     \_\_\_ Recommend     \_\_\_ Recommend     \_\_\_ Recommend     \_\_\_ Do not  
Recommend     Highly     with Reservations     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: \_\_\_\_\_