

ITALIAN AMERICAN CHAMBER OF COMMERCE- MIDWEST
APPLICATION FOR SCHOLARSHIP

Name: _____

Address: _____

City, State, Zip _____

Birth Date: _____ Phone: __ (____) _____

Current Status: High School Senior Undergraduate

Name School attending _____

Selected College _____

Rank in Class: _____ GPA _____

Occupation or Profession for which you wish to prepare: _____

Scholastic honors received: _____

What employment have you had: _____

FAMILY DATA

Where you born in Italy? Yes No

Father of Italian Descent? Yes No

City _____ Region _____

Mother of Italian Descent? Yes No

City _____ Region _____

What areas of Italy are your relatives from? _____

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

Date _____ Signature _____