FEDERAZIONE ABRUZZESE DEL MICHIGAN
2020

DIDICATED TO THE PRESERVATION AND PROMOTION OF ABRUZZO CULTURE

COLLEGE / UNIVERSITY LEVEL APPLICATION

To be eligible to apply and compete for a scholarship, applicants must meet all the following criteria:

A) Applicants must be of Abruzzese/Italian ancestry.
B) Full-time undergraduate students attending an accredited college or university and working toward a two or four year degree. College/university applicants must have a cumulative GPA of at least
2.75 on a 4.0 scale.
C) Parent or legal guardian must be an active member in good standing of the Federazione Abruzzese del Michigan for at least 12 months immediately prior to the date of this application.
D) The parent/legal guardian or the scholarship recipient must attend at least three (3) FADM function/event(s), such as Gala, Christmas party, etc. per calendar year (unless in the case of an emergency or absence excused by the FADM Board of Directors). This qualification must be completed by the Scholarship Application deadline as determined by the Board of Directors.
E) The student recipient of a scholarship award must be present at the award dinner to accept the scholarship (unless in the case of an emergency or absence excused by the FADM Board of Directors).

APPLICATION REVIEW:

In reviewing the scholarship applications, the Federazione Abruzzese del Michigan Scholarship Committee considers the following factors:

A) The applicant's scholastic record.
B) The applicant's community service record.
C) The applicant's participation in extracurricular activities.
D) The applicant's work experience.
E) The applicant's references and recommendations.
F) Other scholarships received by the applicant.
G) The applicant's participation in FADM activities.
H) Any extraordinary circumstances.

The *Federazione Abruzzese del Michigan Scholarship* is renewable on a competitive basis. Continuing students must reapply annually.

RETURN COMPLETED APPLICATION BY US MAIL *NO LATER* THAN June 15, 2020 TO:

FADM
c/o Clarice Squillace
14816 Mayview Ct.
Shelby Twp., MI 48315

Name:	Phone:
Address:	
Date of Birth:	E-mail address:
Parents'/ Legal Guardian: Names: (Father)	(Mother)
Has your parent or Legal Guardian been an active member in good standing of the Federazione Abruzzese del Michigan for at least 12 months immediately prior to the date of this application?	
Yes _____No	
If "yes" to the above question, state that member's name and relationship to you:	
Name:	Relationship:
Town or Location of Family Origin:	

SCHOLASTIC INFORMATION

Are you currently:_____A full-time undergraduate student Y N

Date of Graduation: GPA: Intended Degree/Major:

List all high schools, colleges and/or universities you have attended (begin with the institution you are currently attending):

NAME OF INSTITUTION	CITY AND STATE	DATES ATTENDED

If you are a graduating high school senior, list the colleges/universities you have applied to or will be attending:

NAME OF INSTITUTION	CITY AND STATE	STATUS

AWARDS AND HONORS

List any scholastic awards and/or honors you have received:

DESCRIPTION OF AWARD/HONOR	NAME OF AWARD/HONOR	DATE RECEIVED

COMMUNITY SERVICE

List any community organizations in which you have actively participated:

DESCRIPTION OF INVOLVEMENT	NAME OF ORGANIZATION	DATE OF SERVICE

EXTRACURRICULAR ACTIVITIES

List any other extracurricular activities in which you have actively participated:

NATURE OF ACTIVITY	DATES OF ACTIVITY

EMPLOYMENT

List any work experience you have had (begin with your most recent employer):

NAME OF EMPLOYER	DATE OF EMPLOYMENT	POSITION HELD

OTHER SCHOLARSHIPS

Have you been awarded any other scholarships?_____Yes ____No

If you answered "yes" to the above, state:

DATE OF AWARD	NAME OF SCHOLARSHIP	AMOUNT AWARDED

OTHER REQUIREMENTS:

Each completed application must be submitted with:

1. Two letters of recommendation.
2. A short (2 page) biographical statement about the applicant. Your biographical statement must also address the significance of your Italian heritage.
3. Copies of high school or college/university transcripts.

CERTIFICATION:

The information I provided in this application is true to the best of my knowledge:

(Date) (Applicant's Signature)