ITALIAN AMERICAN CULTURAL SOCIETY

APPLICATION FOR 2023 SCHOLARSHIP PROGRAM

The purpose of the IACS Scholarship Program is to recognize exemplary achievement, excellent character, outstanding merit, and productive citizenship. Scholarships are awarded to individuals who can benefit from further education and/or training. Payment will be made directly to the organization selected by the recipient or as determined by the IACS Scholarship Committee.

Application Submissions start on 5/1/23, and end on 7/31/23

Applicant Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Primary Phone Number: _____**Secondary Phone Number:** _____

Email Address: _____**Date of Birth:** _____

U.S. Citizen: ☐   **Permanent Resident:** ☐   **Student Visa:** ☐

Member of the IACS: YES ☐   NO ☐

Program are you requesting financial contribution for:

DEGREE ☐   CERTIFICATION ☐   APPRENTICESHIP ☐

OTHER ☐ (list program type) _____

Program attendance: FULL-TIME ☐   PART-TIME ☐

Name of Organization you are requesting financial contribution for: _____

Have you received funding from the IACS in the past: YES ☐   NO ☐

Are you requesting an IACS funding renewal to continue your program: YES ☐   NO ☐

Amount of financial contribution you are requesting:

$500 - $1000 ☐

$1000 - $2000 ☐

$2000 - $3000 ☐

$3000 - $5000 ☐

Other ☐ (input amount) _____

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Current Level of Education: _____

Current School Name (if applicable): _____

Current GPA (if applicable): _____ **Rank in Class (optional):** _____

Community/Extracurricular Involvement:

_____

_____

_____

Academic/Extracurricular Achievements (optional):

_____

_____

_____

Awards/Recognition (optional):

_____

_____

_____

Leadership Programs (optional):

_____

_____

_____

Work History (optional):

_____

_____

_____

Include the following with your Application Packet:

1. **Essay of 500 words (including but not limited to)**
   a. telling us about yourself.
   b. why you deserve this and how will this make a difference for you.
   c. describing a time you failed at something important to you, and what did you learn from that experience.
   d. telling us about a contribution you've made to your community.
   e. describing a time you stepped up as a leader.
   f. conveying your biggest influence or inspiration.
   g. identifying your personal and/or family attributes.
   h. defining your goals the next 2-5 years.
2. **Letter of Acceptance from the organization you are requesting a contribution for**
3. **Letter of Recommendation**
4. **References with contact information (minimum of 3)**
5. **Completed Application (pages 1-3)**

By signing below, I hereby certify that, to the best of my knowledge, the provided information is true and accurate:

Signature of Applicant: _____ **Date:** _____

If Applicant is a minor complete the Parent/Guardian information below:

Print Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ **Date:** _____

Primary Phone Number: _____ **Email Address:** _____

Mail your completed Application Packet to:
Italian American Cultural Society - Scholarship Committee
43843 Romeo Plank Rd., Clinton Township, MI 48038

If you have questions for the Scholarship Committee, you can email us at iacs@iacsonline.com.

The IACS Scholarship Committee will review your application in a timely manner. The typically review period is 60 days upon receiving the Application Packet. If your application is approved, you will be contacted with more information. Additionally, the IACS may contact you to follow up with a phone and/or in-person interview.