



Scholarship Application

Friends of Isola delle Femmine, Inc.

Application must be submitted no later than March 1, 2021
at 11:59 PM by email only to friendsofisola@gmail.com



Applicant Information

Name _____ Age _____

Address _____ Apartment/Unit Number _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Fathers Name _____ Occupation _____

Family Italian Names _____ Family Italian City of origin _____

Mothers Name _____ Occupation _____

Mothers Maiden Name _____ Mothers Italian Family Names _____

Mothers Family Italian City of origin _____

Name of your immediate family member who is a member of Friends of Isola delle Femmine, Inc.

Relationship _____

Continuing Education Information

	Yes	No
Trade school Name _____	<input type="checkbox"/>	<input type="checkbox"/>
2 Year College _____	<input type="checkbox"/>	<input type="checkbox"/>
4 Year College 1st choice _____ Accepted	<input type="checkbox"/>	<input type="checkbox"/>
4 Year College 2nd choice _____ Accepted	<input type="checkbox"/>	<input type="checkbox"/>
Returning College Name _____ Attending	<input type="checkbox"/>	<input type="checkbox"/>

What type of occupation are you planning for your life's work?

List your hobbies:

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Jobs and Volunteer Experience within the last 3 years

Work Experience (Include type of work, hours worked and employer)

Describe your goals and aspirations for 1 year, 5 years and life.

List school and community activities. Include honors, awards and community involvement programs hours.

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Jobs and Volunteer Experience within the last 3 years

Have you been active in community service beyond the minimum graduation requirements for students?

If **Yes** please describe below your community service and activities.

Yes ☐ No ☐

Please include any plans for involvement in community service while in school or in your professional life.

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Financial Information

Number of brothers and sisters living at home _____

Number of brothers and sister attending college _____

Have you applied for FAFSA Yes ☐ No ☐

If Yes what is your "Expected Family Contribution" \$_____

Approximately how much do you expect your education to cost per year \$_____

Explain below how you expect to pay for your education.

Additional Information

What High School or College do you currently attend?

What is your cumulative weighted GPA? _____

Which sports or extra circular activities you patriepate in?

Please list below any sports awards or special recognition you have received.

Your Italian Heritage

To complete this application you must submit an essay of at least five (5) paragraphs, 250-300 words on....

"What was it like growing up Italian-Sicilian-American"

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References

Please submit with this application 2 letters of recommendation.

One from a teacher or councilor and one from someone who you are not related to but was directly in-volved in the community service work you performed.

Name of Teacher or Councilor _____ Subject _____

Name of additional reference _____ Relationship _____

You must submit a copy of your High School Transcript or your College Grades and a Photo.

Please list below any loans or expected scholarships and amounts.

Signature

I certify that all of my answers are true and complete to the best of my knowledge and if any answers are not verifiable FOI may deactivate my application and any funds associated with this scholarship opportunity. Furthermore I agree that FOI Scholarship Committee has the right to review my application and determine/limit the number of applicants they will interview.

Signature _____ **Date** _____

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FOI Scholarship Committee items

Once you have completed the application, save it to a file on your computer. Send it by email to friendsofisola@gmail.com with the following attachments.....

Completed and signed Application

“What was it like growing up Italian-Sicilian-American” Essay (5 paragraphs 250-300 words)

2 Reference letters

High School Transcript or College Grades