

Americans of Italian Origin Society Scholarship

Honoring William (Bill) Tudesco

1. ELIGIBILITY QUALIFICATIONS:

a) **Parents** must be active member of A.I.O. for at least one year, and must attend at least 2 General Meetings of that year.

b) Applicant must have at least 3.0 grade point average (4.0 scale) and must maintain 3.0 with a minimum of 12 semester hours for requalification for second semester funding.

c) Applicant must be accepted to a two or four year fully accredited college or university.

d) Eligibility will include current year high school graduates, those already enrolled in a college or university or those entering a graduate or professional degree program.

e) Each candidate is allowed to receive the award only two times.

2. Awards are granted in the amount of \$500.00 per semester for each of Fall and Winter semester or \$1,000.00 total. A repeat application may not be accepted after a previous award, based on the total number of new applications received.

3. Complete all pages of the application, sign, date and return **NO LATER** than June 10th.

4. Include all documents as indicated on the application form including recent letters of recommendation (3) transcripts (6). Recommendation letters and original transcripts must be included with application or sent separately by the required due date.

5. Applications that are not filled out correctly or not completed **WILL NOT BE CONSIDERED.**

6. Awards are presented By A.I.O. Board at the membership meeting in September to the student or a representative family member.

7. Decision of the Review Committee and A.I.O. is final.

AMERICANS OF ITALIAN ORIGIN SOCIETY

Scholarship Application

APPLICANT INFORMATION

Last Name _____ First Name _____ M.I. _____

Date of Birth (mo/day/year) _____

Street Address _____ Apt/Unit # _____

City _____ State _____ Zip Code _____

Home Phone Number _____ E-Mail _____

Social Security No _____ Applicant High School _____ Date of High School Grad _____

High School Address (City and State) _____

List Sibling in order of birth (Including yourself)

Name	Age	Present year of school
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any scholastic honors that you have received (if applicable):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

EMPLOYMENT RECORD—LIST ALL CURRENT AND PREVIOUS WORK EXPERIENCE

Attach separate sheet if necessary

Company	Supervisor			
Full Address	Phone Number			
Job Title	Starting Salary	\$	Ending Salary	\$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?				
		YES _____	NO _____	

Company	Supervisor			
Full Address	Phone Number			
Job Title	Starting Salary	\$	Ending Salary	\$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?				
		YES _____	NO _____	

Company	Supervisor			
Full Address	Phone Number			
Job Title	Starting Salary	\$	Ending Salary	\$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?				
		YES _____	NO _____	

Please list an extra-curricular activities in which you are, or have been involved in:

Name of Organization	Dates of Participation	offices Held	Honors or recognition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of college or university you are attending, or plan to attend:

Major field of Study

Date of application to this college (mo/date/year)_____ Date of Acceptance_____

List any other scholarships you have applied for:

<u>Name of Scholarship</u>	<u>Application Accepted</u>	<u>Amount of Scholarship</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you been awarded any scholarships? Yes_____ No_____

SPONSOR INFORMATION

Last Name_____ First Name_____

Date sponsor joined AIO? (mo/day/year)_____

REFERENCES

(Give names of the people indicated, and names of three others not related to you)

School Counselor _____

Full Name _____ **Address** _____

Phone
Number () **Years Known**

Pastor

Full Name **Address**

Phone
Number () **Years Known**

Full Name **Address**

Phone
Number () **Years Known**

Full Name **Address**

Phone
Number () **Years Known**

Full Name **Address**

Phone
Number () **Years Known**

THE FOLLOWING DOCUMENTS NEED TO BE ATTACHED TO THIS APPLICATION

- 1. Six (6) copies of high school transcript. If you are currently attending college, then use your most recent college transcript. If you attend or are attending more than one school, please include transcripts from all schools.**
- 2. Written references from those people indicated by you.**
- 3. Secondary school acceptance of enrollment if you are graduating from high school.**
- 4. A 500 word biographical essay which should include the reasons why you feel you deserve this scholarship.**
- 5. A passport size photograph.**

****You also must meet the qualifications as indicated on the sheet attached to this application**

DISCLAIMER AND SIGNATURE

I certify that all the information provided in this application is complete and accurate to the best of my knowledge. I understand that all the information in this application will be verified, and that any willful misrepresentation will cause my application to become ineligible for consideration.

Signature of

Applicant _____

Date _____

Please mail completed application and all of the accompanying documentation as listed above to:

**Michael L. Opipari, D.O.
46942 Houghton
Shelby Twp, MI 48315**