

3800 Division Street, Stone Park, Illinois 60165 Phone: (708) 450-9050 Fax: (708) 450-9065 www.jccia.com

#### 30 Tax. (708) 430 5005 <u>WV</u>

### <u>om jcc@jccia.com</u>

## Frank J. Vigilante Scholarship Fund Application 2024

In order to be given priority consideration for the Frank J. Vigilante Scholarship, the applicant is required to be of Italian extraction.

## To apply for the scholarship, the following requirements apply:

- 1. Applicant must be enrolled or admitted into an accredited institution of higher education and show a copy of his/her acceptance letter.
- 2. Applicant must provide high school and/or college transcripts to JCCIA.
- 3. Applicant must have a strong academic background.
- 4. Applicant is encouraged to send two letters of recommendation.
- 5. Applicant must demonstrate financial need.
- 6. Applicant must submit an essay (500 words or less) detailing why the Frank J. Vigilante Scholarship will help them to fulfill their personal and professional goals.
- 7. Applicant must include a current photo of themselves.
- 8. All application materials must be submitted electronically as <u>one single pdf file</u> to <u>jcc@jccia.com</u> between June 1, 2024 and the deadline date of November 1, 2024 otherwise your application may be denied.

NAME:				
ADDRESS:				
CITY, STATE, ZIP:				
PREFERRED EMAIL:				
PHONE#:	GENDER:			
BIRTH PLACE:	BIRTH DATE:			
PLEASE INDICATE HOW YOU ARE OF ITALIAN EXTRACTION:				
HIGH SCHOOL:	HIGH SCHOOL G.P.A.:			
ANTICIPATED GRADUATION – MONTH/YEAR:				



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UNDERGRADUATE SCHOOL:	MAJOR:				
ANTICIPATED GRADUATION YEAR:	UNDERGRADUATE G.P.A.:				
ACADEMIC ACHIEVEMENTS (Indicate					
BREIF SUMMARY OF YOUR FINANCIA	L NEED:				

NOTE: PLEASE ATTACH TO THIS FORM:

- **CURRENT HIGH SCHOOL OR COLLEGE TRANSCRIPT (WHICHEVER IS APPLICABLE)**
- COLLEGE ACCEPTANCE LETTER (IF APPLICABLE NOT REQUIRED IF COLLEGE TRANSCRIPTS ARE SUBMITTED.
- □ TWO RECOMMENDATION LETTERS (IF APPLICABLE)
- □ A CURRENT PHOTO OF YOURSELF
- □ YOUR 500 WORD ESSAY WHICH:
  - 1. INTRODUCES YOURSELF AND YOUR BACKGROUND;
  - 2. OUTLINES YOUR QUALIFICATIONS FOR THE SCHOLARSHIP;
  - 3. DESCRIBES YOUR FINANCIAL NEED;
  - 4. DETAILS WHY THE SCHOLARSHIP WILL HELP YOU FULFILL YOUR PERSONAL AND PROFESSIONAL GOALS.

# **Verification and Release**

I attest that the information I have provided is complete and accurate and I agree that The Joint Civic Committee of Italian Americans may verify this information. I agree that the Joint Civic Committee of Italian Americans may disclose information contained in this application to any donors who assist with this educational scholarship. If the Joint Civic Committee of Italian Americans awards a scholarship to me, I hereby authorize the organization, on a royalty-free basis, to include my likeness and story as part of its publicity and fundraising initiatives.

Signature\_

Date:\_\_\_\_