



**Society of Italian American Businessmen
2019 Scholarship Application**

| S.I.A.B. SCHOLARSHIP APPLICATION – PART I | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Date of Application: | |
| Name: | |
| Address: | |
| City: | Zip Code: |
| Phone: | E-Mail: |
| Birth Date: | |
| School most recently attended: (High School, College etc.) | |
| City: | State: |
| Last year attended: | |
| Anticipated Date of Graduation: (List date of graduation if you have already graduated high school.) | |
| Cumulative GPA: | |
| Current or Most Recent Employer: | |
| Date last worked: | Approximate number of hours worked per week: |
| Please list any recent involvement with organizations, teams, clubs, etc. and describe your role or duties as a member. Use a separate sheet of paper if necessary. | |
| | |
| | |
| | |
| | |
| Name of college, university or technical school you plan to attend: | |
| City: | State: |
| Anticipated major or area of study: | |
| Anticipated start date: | |



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S.I.A.B. SCHOLARSHIP APPLICATION – PART II

On a separate sheet of paper, please provide a 500 to 1,000 word essay on the following topic:

Please elaborate on the life event(s) that helped shape who you are today. (This is not a research paper; be thoughtful, original and creative.) The essay must be legible; it should be neatly hand-written or typed.

Please list your Parents Name(s) and Address(es)

| | |
|----------|------------------------------------------------------------------|
| 1 | Name: |
| | Address: |
| | City: Zip Code: |
| | Phone: |
| 2 | Name: |
| | Address: |
| | City: Zip Code: |
| | Phone: |

Please list two personal references other than family members that have had an influence on you:

| | |
|----------|------------------------------------------------------------------|
| 1 | Name: |
| | Address: |
| | City: Zip Code: |
| | Phone: |
| 2 | Name: |
| | Address: |
| | City: Zip Code: |
| | Phone: |

Release of Information and Acknowledgement

I, _____ give the Society of Italian American Businessmen (SIAB) permission to take and publish photographs, video and digital images via printed and electronic media. The purpose of this is to announce and advertise the SIAB's scholarship recipients for 2019. Photographs will not be sold – they are only for announcement and outreach purposes by the SIAB. (If applicant is under 18 years of age, parent or guardian signature is required where indicated below.)

Applicant Name: _____ Signature: _____

Date: _____

Parent/Guardian: _____ Signature: _____

Date: _____



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|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Rules and Eligibility | |
| 1 | Scholarships will be awarded on May 13, 2019. Recipients and two parents/guardians will be invited as guests to the awards dinner. |
| 2 | Awardees must, at the time the scholarships are awarded, be accepted as a provisional or full-time student in a degree program at an accredited institution (post high school programs). |
| 3 | Eligible accredited institutions are limited to Universities, Colleges, Junior Colleges, Community Colleges and Technical Schools having at least a two-year degree program. |
| 4 | Scholarship consideration will be given to students in their senior year of High School, or students enrolled in a two or four-year College or University. |
| 5 | The applicant must be a United States citizen, or in process of becoming a United States citizen. |
| 6 | Proceeds of the scholarships will be issued jointly to the scholarship recipients and to their respective colleges, universities, or accredited institutions. |
| 7 | Priority will be given to students of Italian heritage who are seniors in a public or private high school in Harford County, Cecil County, or Baltimore County, or college students who reside (while not attending school) in any of those jurisdictions. |
| 8 | Applications will be accepted through April 3, 2019 . Applications postmarked after that date will not be eligible for awards. |
| 9 | Personal references listed on the application may be contacted by members of the Society of Italian American Businessman. |
| 10 | Applicant must have a minimum GPA of 3.25. |
| 11 | Immediate family members of current SIAB members, specifically siblings, children or step-children, and grandchildren and step-grandchildren of members, are not eligible. |
| 12 | Selection will be based on academic performance, financial need, leadership qualities, career objectives, and the essay. |
| 13 | As evidence of financial need, applicants should attach a FAFSA form showing their EFC (Expected Family Contribution), student aid report, or other documentary evidence of financial need. |

Please return completed application and essay to:

Scholarship Chair
Society of Italian American Businessmen
P.O. Box 1844
Bel Air, MD 21014
scholarships@thesiab.org

Email preferred; if you provide your application electronically, please request an acknowledgement.