

HACKENSACK CHAPTER

UNICO NATIONAL

The Largest Italian-American Service Organization in the United States "Service Above Self"

Post Office Box 1527 - South Hackensack, N.J. 07606-1527

ANNOUNCING SCHOLARSHIPS FOR THE 2024-2025 SCHOOL YEAR:

Amoroso Family Scholarship
Barricella Family Memorial Scholarship
D'Ambrosio Family Scholarship
Michael J. D'Arminio, Sr., PNP, Memorial Scholarship
Michael & Grace Ferrara Memorial Scholarship
G. Thomas Gentile Funeral Service Scholarship
C J Lombardo Family Scholarship

C J Lombardo Family Scholarship Michael J. Mariniello, Jr., PNP, Memorial Scholarship Saccaro Family Scholarship Alfred N. Sanzari Family Foundation Scholarship Stamilla Family Scholarship Michael J. Sutera Memorial Scholarship

Eligibility:

- 1. ITALIAN ORIGIN: The candidate must have at least one parent or grandparent of Italian origin.
- EDUCATIONAL REQUIREMENTS: Must be a senior candidate at any public or private secondary school.
 A transcript which shows most recent rank in class, and the scores obtained on either the SAT or ACT exam must be submitted. Applicant must be recommended to a college or university by his/her secondary school.
- 3. <u>FINANCIAL NEED:</u> Special family circumstances, the numbers, ages and schooling needs of siblings are all taken into consideration when assessing need.
- EXTRACURRICULAR & COMMUNITY SERVICE: The extent to which a candidate has contributed to the life and welfare of school and/or the community will be taken into consideration in the assessment of merit.
- 5. CHILDREN OF UNICO MEMBERS ARE ELIGIBLE REGARDLESS OF THEIR PLACE OF RESIDENCE.

FORM OF APPLICATION:

Completed Scholarship Grant Application (preferably typewritten), along with a H.S. Transcript must be submitted for consideration by the Scholarship Committee. Additionally, the following are required:

- A handwritten statement of not more than 300 words prepared by the applicant summarizing activities, accomplishments, and objectives of further education which they feel will qualify them for the Scholarship Award.
- A comprehensive Letter of Recommendation covering character, personality and scholarship of applicant from at least one person in authority in the School.

MERIT STANDARDS: All information submitted on these forms will be considered in awarding Scholarships.

DEADLINE FOR FILING APPLICATION: MAY 1, 2025 ... (NO EXCEPTIONS!!)

HACKENSACK CHAPTER OF UNICO NATIONAL SCHOLARSHIP AWARD

SCHOLARSHIP GRANT APPLICATION

(Please Print or Type):
Student's Full Name:
Student's Address:
Date of Birth: Email Address:
Home Phone No: Cell Phone No:
High School:
School Address:
 Expected Graduation Date:
3. PARTICIPATION IN EXTRACURRICULAR ACTIVITIES, CLASS & SCHOOL ORGANIZATIONS: (Offices held, awards, etc. Please list chronologically, providing dates):
4. PERSONAL AND COMMUNITY ACTIVITIES: (Including employment). (Offices held, awards, etc. Please list chronologically, providing dates):
5. MISCELLANEOUS: (Other activities such as special interests, hobbies, or additional information relevant to the other activities; plans for College or University study. Please indicate here the major academic interests which you will pursue at the College or University level. If possible, indicate career plans:

HACKENSACK CHAPTER OF UNICO NATIONAL FINANCIAL INFORMATION (will be kept Confidential)

Estimated Costs:		
Tuition, Room and Board per year:		
Other college fees per year: (Books, etc.):		
Total estimated costs (do not include travel, clothing, etc.):		
Estimated Income:		
Savings you personally have on hand to use per year:		
Expected earnings from now to start of first college semester, including summer work:		
Amount of Family Contribution per year:		
Total Anticipated Income per year:		
Have you applied for other Scholarships? If so, list below:		
Have you received any Scholarships as of this date? If so, please indicate name and amount below:		
College/University you plan to attend:		

HACKENSACK CHAPTER OF UNICO NATIONAL

Explain below your reasons for applying for this Scholarship and any circumstances which should be taken into consideration in review of your application:	
	· · · · · · · · · · · · · · · · · · ·
TO BE COMPLETED BY PARENTS OR GUARDIANS:	
Please give details of the student's Italian heritage:	
Father (or Guardian):	Mother (or Guardian):
Name:	
Address:	
City, State, Zip:	
Explain any extraordinary expenses or indebtedness:	
Signature of Student Applicant	Date
Signature of H.S. Principal	Date

ALL SIGNATURES ARE MANDATORY!!

<u>Please Note:</u> All above information is CONFIDENTIAL and will remain so. The information you provide will save a great deal of time and preclude the necessity of a personal visit before selection. Thank you . . . GOOD LUCK!!