



**SALEM ITALIAN AMERICAN
EDUCATIONAL FUND**
P.O. BOX 1060, SALEM, OHIO 44460
330.332.5919



SCHOLARSHIP APPLICATION
please print or type

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE NUMBER _____

HIGH SCHOOL _____ GRADUATION YEAR _____

GUIDANCE COUNSELOR _____

COLLEGE OR UNIVERSITY YOU ARE PLANNING TO ATTEND _____

Have you made a formal application to this institution? YES _____ NO _____

Have you been officially accepted to this institution? YES _____ NO _____

What term and year do you plan to attend? _____

Are you of Italian descent? YES _____ NO _____

If YES, please list name and relationship of closest Italian relative. _____

Are your parents, grandparents, or any other relatives members of the Italian American Club Of Salem, Ohio?

YES _____ NO _____

If YES, please list name and relationship. _____

What is your cumulative grade point average through your first semester of your senior year? _____

Please list your highest ACT composite score or SAT verbal/math score. _____

In a brief essay, tell us your goals and aspirations. Essays must be typed and double spaced.

Applicants awarded a scholarship will be notified by mail. A waiver and additional information will be requested and required at that time.

postmark deadline for application is April 22, 2024

signature of applicant

date