ANNOUNCING SCHOLARSHIPS FOR THE 2019-2020 SCHOOL YEAR:

Amoroso Family Scholarship
Barricella Family Memorial Scholarship
Al D’Ambrosio Family Scholarship
Michael J. D’Arminio, Sr., PNP, Memorial Scholarship
Michael J. Ferrara, Esq. Memorial Scholarship
G. Thomas Gentile Funeral Service Scholarship
C J Lombardo Family Scholarship

Michael J. Mariniello, Jr., PNP, Memorial Scholarship
Marino/Padovano Memorial Scholarship
Saccaro Family Scholarship
Mary & Alfred Sanzari Family 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.

2. **RESIDENCE:** Candidate must reside in the corporate limits of the HACKENSACK SCHOOLS DISTRICT – (Hackensack, Maywood, Rochelle Park and South Hackensack. Also Ridgefield Park and Little Ferry).

3. **EDUCATIONAL REQUIREMENTS:** Must be a senior candidate at any public or private secondary school, residing within the above-mentioned corporate limits of the districts. A transcript which shows most recent rank in class, and the scores obtained on either the SAT or ACT exam must be submitted. Must be recommended to a college or university by his/her secondary school.

4. **FINANCIAL NEED:** Special family circumstances, the numbers, ages and schooling needs of siblings are all taken into consideration when assessing need.

5. **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.

6. **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:

1. 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.

2. 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:** APRIL 15, 2020 . . . (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: __________________________________________________________________

1. Expected Graduation Date: _________________________________________________
   Rank in Graduating Class: _______ out of _________ students.

2. HONORS AND AWARDS: (Please list chronologically and give duties received):
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

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:
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________


1. **Estimated Costs:**
   A. Tuition, Room and Board per year: __________________________
   B. Other college fees per year: (Books, etc.): _____________________
   C. Total estimated costs (do not include travel, clothing, etc.): ________

2. **Estimated Income:**
   A. Savings you personally have on hand to use per year: ________________
   B. Expected earnings from now to start of first college semester, including summer work: __________________________
   C. Amount of Family Contribution per year: __________________________
   D. Total Anticipated Income per year: __________________________

3. **Have you applied for other Scholarships?** If so, list below:

   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

4. **Have you received any Scholarships as of this date?** If so, please indicate name and amount below:

   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

5. **College/University you plan to attend:** _______________________

6. **Have you been accepted?** _______________________

7. **How many other family members are presently attending College of University?** _______________________

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:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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TO BE COMPLETED BY PARENTS OR GUARDIANS:

Please give details of the student’s Italian heritage:

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________________________________________________________________________

________________________________________________________________________

Father (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!!

Please Note: 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!!