

ITALIAN AMERICAN CLUB OF LIVONIA CHARITABLE FOUNDATION SCHOLARSHIP

Information and Application Materials 2025/2026 Scholastic Year 39200 Five Mile Road Livonia MI 48154
734-953-1106 - www.iaclcf.com

ELIGIBILITY REQUIREMENTS

To be eligible for an IACL Charitable Foundation Scholarship, all candidates must meet the following requirements of Italian Ancestry, Academic Excellence, Good Character and Financial Need.

- 1. Candidates must verify Italian Ancestry and reside in Southeast Lower Michigan.
- Candidates must have completed their junior year of high school by the end of spring 2025and expected to graduate by end of 2026 school year
- 3. Candidate's official transcript with CUMULATIVE GPA, based on a 4.0 scale must be submitted and have a B average in all classes
- 4. Candidate's need for financial assistance will be considered.
- 5. Candidates must be outstanding in character, integrity and leadership.

All candidates who satisfy the above requirements then compete for the limited number of IACL Charitable Foundation Scholarships awarded annually. The final selection of scholarship recipient's rests with the Scholarship Committee.

APPLICATION PROCEDURES

- Applications are accepted after September 1, 2025, in the candidate's senior year of high school.
 The application must be received by <u>November 30, 2025</u>.
- All supporting documents must be received by the application deadline. Only original application forms will be accepted. All application materials must be mailed to IACL Charitable Foundation Scholarship Committee, 39200 Five Mile Road, Livonia, MI 48154. All parts should be mailed unfolded in a large (9x12) envelope.
- Complete the Scholarship Application (pages 1 through 4) and Candidate's Essay. Mail the completed application along with the Candidate's Essay, and one photograph of the candidate.
- Complete the top portion of the High School Evaluation and submit it to your high school. Request that the
 completed High School Evaluation, along with an official transcript and the required high school letter of
 recommendation, be sent to the IACL Charitable Foundation Scholarship Committee 39200 Five Mile Road Livonia
 MI 48154 by November 30, 2025
- An application will be considered only if the above directions are followed accurately and completely. All applications received will be acknowledged by mail. Applications are reviewed by the Scholarship Committee.

PROVISIONS OF THE IACL CHARITABLE FOUNDATION SCHOLARSHIP

IACL Charitable Foundation Scholarships are limited to universities which adhere to a traditional educational curriculum in or outside the State of Michigan. Candidates are required to be of Italian descent. A recipient of the Scholarship must provide a report to the Charitable Foundation of the courses taken and grades received for the year the Scholarship is awarded. All funds will be sent directly to the university which the recipient is attending. All Scholarships are awarded for one term, must be used within one year of the Applicant's High School graduation.

It is the Foundation's hope that you share in our mission to help the aged in the Italian American community, and promote Italian culture, history, attributes and contributions of Italian Americans in the community.

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IACL CHARITABLE FOUNDATION SCHOLARSHIP APPLICATION

Information and Application Materials 2025-2026 Scholastic Year

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	Number and Street	City	State	Zip Code
elephone Number	E-	-mail Address		
neck One Male _	Female	Citizenship US _	Other (lis	t)
irth Date	Birthplace	2		
igh School			Year of High School	Graduation
ather's Full Name		Mother's Full N	Name	
022 Household Incom	e (<i>please check one)</i> Less th	an \$49,9999 \$50	,000 - \$99,999	_\$100,000 +
our family's Italian An	cestry (check one or both if	applicable) Mother	Father	
Vho in your family are	members of the Italian Ame	erican Club of Livonia?		
(check all that o	apply) YouFather	Mother Grandp	parents	
Vhich other Italian Org	anizations does your family	belong?		
	CA	NDIDATE'S ESSAY		
clude how your Italian	heritage inspires your care	y. This should be double spareer goals and how you inten a better acquainted with you	d to support Italiar	culture in the fut
	UNI	VERSITY SELECTION		
Please indicate the un		ntend to annly or will be attend	dino	
	iversity(ies) to which you in	ntend to apply or will be attend		
1	iversity(ies) to which you in	2		
3	iversity(ies) to which you in	** *		

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HIGH SCHOOL INFORMATION

List in chronological or	der all high schools a	attended		
School name	City	State	Dates Attended	Year of Graduation
_	· ·		nd special recognition you sitions held and year(s) of par	have received for academic ticipation (9, 10, 11)
List community and ot recognition received, le		•	-	participated. Indicate type of
List your hobbies and i	nterests			
Additional information	ı			
understand that in ord Foundation's standard	der to be eligible for s relating to ancestre e of all information	the IACL Charitable ry, academics, financ on in this application	Foundation Scholarship, I meial need and character. I her	my knowledge and belief. I ust meet the IACL Charitable beby authorize release to the nts. I understand that the
Signed			Signed Parent/Guardian	
Canalaate			Parent/Guardian	

Along with this completed and signed application, please submit

- (1) Candidate's Essay
- (2) One 2-½"x3" photograph of yourself. Please write your name on the back of the photograph
- (3) High School Complete High School Evaluation Form and letter of recommendation

Applications are accepted after **September 1, 2025**, during the candidate's senior year in high school. The application and supporting documentation should be received by **November 30, 2025**.

Mail **original** (*no photocopies*), unfolded application and required documents in a large (9x12) envelope addressed to IACL Charitable Foundation Scholarship Committee 39200 Five Mile Road Livonia MI 48154.

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ITALIAN AMERICAN CLUB OF LIVONIA CHARITABLE FOUNDATION SCHOLARSHIP APPLICATION HIGH SCHOOL EVALUATION To be filled out by the High School

Candidate TYPE or PRINT CLEARLY this section. Then submit to your high school for completion					
Candidate's Name					
First	Middle		Last		
Home Address					
Number and Street	City		State		
High School		Year of Gi	raduation		
This section of the application for the Scholarship s responses will be kept confidential. Please complete the required high school letter of recommendation in Committee 39200 Five Mile Road Livonia MI 48154 and should be received by the November 30, 2025 as	e and mail unfolden a large <i>(9x12)</i> er I. All supporting o	ed with the app nvelope to IACL (documents are a	licant's high school trai Charitable Foundation S accepted after Septemb	nscript and Scholarship	
The applicant, at the end of the junior year, ranks		in a cl	ass of		
Grade Point Average	Highest is 1		Number in Cl	ass	
(4.0 scale)					
Rate the applicant's conduct and appearance	Superior	Excellent	Good Average	Poor	
Rate the applicant's character and reputation for integrity	Superior	Excellent	Good Average	Poor	
Rate the applicant's overall contribution to the school	ol Superior	Excellent	Good Average	Poor	
Rate the applicant's ability to get along with others.	Superior	Excellent	Good Average	Poor	
Rate the applicant's ability to work independently an	_	•	Good Average	Poor	
In summary, please indicate the level of recon Highest Recommend Recommendation Highly	nmendation you w Recommend with Reservation	Recommen		rship	
On the school letterhead , <u>(letter of recommendation</u> member of your high school. Include special recognished the applicant the application. Signature	nition received, ont's schoolwork a	disciplinary action action disciplinary action	on taken and factors of ken into consideration in	f health or n reviewing	
Print Name					
E-Mail					
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