



UNICO NATIONAL
Stamford Chapter, Connecticut District 1
"SERVICE ABOVE SELF"



To: UNICO Scholarship Applicant

January 15, 2025

From: Josie Costa, Scholarship Chair

Subject: Application Instruction and Checklist

The **Stamford Chapter of UNICO** welcomes your interest in applying for our scholarship award available to high school seniors entering college in the Fall of 2025. Applicants are scored on academics, extracurricular school activities and/or sports participation, leadership positions, community service/volunteering and financial need. It is limited to local students of Italian origin; applicants with parents or grandparents who are UNICO members are given additional consideration.

The attached application needs to be completed in full along with a recent transcript showing class rank. Official scores obtained on either the SAT or ACT exams are preferred and should be included with this application. You may want to attach a resume. You must also complete a brief essay (maximum of 200 words) about why this scholarship is important to you. A school official must sign this application, this is usually the Guidance Counselor.

While this scholarship is merit-based, there is a component based on financial need. In order to determine a student's financial status, please provide a copy of the 2024-25 FAFSA application. If you prefer not to provide this information, the application will still be considered but with no points awarded in the financial need category.

In addition to the local Chapter award, the applicant with the highest score total may be invited to apply for one of the scholarships awarded by our national organization. Please note that this may require additional financial information.

Please utilize the following checklist to ensure the scholarship application is in order:

Application completed in its entirety (Pages 1-3) _____

Application signed by the following:

Applicant (Page 3) _____

Parent or Guardian (Page 3) _____

School Official (Page 1 & 3) _____

A brief essay from the applicant _____

2 references and current contact information _____

School transcript including class rank and SAT / ACT Scores _____

All applications must be submitted to your school's Counselor/Scholarship Coordinator by **THURSDAY, March 27, 2025**, for consideration in this year's awards. **Failure to submit a complete application on time will disqualify your entry.** Please direct all applications and questions Josie Costa, Scholarship Chair - JCosta@stamfordpublicschools.org.

GOOD LUCK!



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Please print or type:

Student's full name and address:

Last _____ First _____ Middle _____

Street _____ City _____ State _____ Zip _____

Date of Birth: _____ Phone: () _____ Email _____

Senior High School: _____

Address: _____

Expected Graduation Date: _____ Class Rank: _____ out of _____ students

Scores - (SAT) Scholastic Aptitude Test _____ or (ACT) American College Test _____

Scholastic Average (G. P. A.) Weighted: _____ Un-weighted: _____

IMPORTANT: **School Official Signature**

List extracurricular activities including clubs or societies, sports, band, arts, school publications, or other school activities:

Were you a class officer, club officer or sports team captain? Please list:

List any part time and/or summer employment, dates of employment and duties:

List any community or religious service and any volunteer position held and describe it:

Colleges applied with estimated tuition and fees:

1.

2.

3.

4.

Please describe your plans for college study, your intended major and possible career plans:

Name and age of dependent children in the household and their present educational status:

The information submitted on this form and attached hereto has been examined by me and I hereby certify that the facts therein are true.

Date

Signature of Guidance Counselor /
School Scholarship Director

Date

Signature of Applicant

Date

Signature of Parent / Guardian

**** All Signatures are mandatory.**

Family Financial Information and Proof of Italian Origin

To be completed by Parents or Guardian.

Father (Guardian)

Name

Home Address

(City) (State) Zip

Annual Income (before taxes) \$ _____

Mother (Maiden Name)

Name

Home Address

(City) (State) Zip

Annual Income (before taxes) \$ _____

Who in your family is of Italian descent? From which region in Italy and how long ago did they emigrate?

Explain any unusual circumstances connected with any of the above items:

Please provide 2 references (name and contact information):

