

Joint Civic Committee of Italian Americans

www.jccia.com

3800 Division Street, Stone Park, IL 60165 Pho

Phone: (708) 450-9050 Fax: (708) 450-9065

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jcc@jccia.com

Frank J. Vigilante Scholarship Fund Application 2025

In order to be given priority consideration for the Frank J. Vigilante Scholarship, the applicant is required to be of Italian extraction.

To apply for the scholarship, the following requirements apply:

- 1. Applicant must be enrolled or admitted into an accredited institution of higher education and show a copy of his/her acceptance letter.
- 2. Applicant must provide high school and/or college transcripts to JCCIA.
- 3. Applicant must have a strong academic background.
- 4. Applicant is encouraged to send two letters of recommendation.
- 5. Applicant must demonstrate financial need.
- 6. Applicant must submit an essay (500 words or less) detailing why the Frank J. Vigilante Scholarship will help them to fulfill their personal and professional goals.
- 7. Applicant must include a current photo of themselves.
- All application materials must be submitted electronically as <u>one single pdf file</u> to <u>jcc@jccia.com</u> between June 1, 2025 and the deadline date of November 1, 2025 otherwise your application may be denied.

NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
PREFERRED EMAIL:	
PHONE#:	GENDER:
BIRTH PLACE:	BIRTH DATE:
PLEASE INDICATE HOW YOU ARE OF ITALIAN EXTRACTION	۱:
HIGH SCHOOL:	HIGH SCHOOL G.P.A.:
ANTICIPATED GRADUATION – MONTH/YEAR:	



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UNDERGRADUATE SCHOOL:	MAJOR:				
ANTICIPATED GRADUATION Y	AR:UNDERGRADUATE G.P.A.:				
ACADEMIC ACHIEVEMENTS (Ir	ndicate if high school or	college):			
BREIF SUMMARY OF YOUR FIN	NANCIAL NEED:				
NOTE: PLEASE ATTACH TO THI	S FORM:				
	COLLEGE TRANSCRIPT	(WHICHEVER IS APPL	ICABLE)		
COLLEGE ACCEPTANCE LETT ARE SUBMITTED.	TER (IF APPLICABLE – NO	OT REQUIRED IF COLLI	EGE TRANSCRIPT	S	
TWO RECOMMENDATION L	•)			
	-				
□ YOUR 500 WORD ESSAY WI					
1. INTRODUCES YOURS		GROUND;			

- OUTLINES YOUR QUALIFICATIONS FOR THE SCHOLARSHIP; 3. DESCRIBES YOUR FINANCIAL NEED;
- 4. DETAILS WHY THE SCHOLARSHIP WILL HELP YOU FULFILL YOUR PERSONAL AND **PROFESSIONAL GOALS.**

Verification and Release

I attest that the information I have provided is complete and accurate and I agree that The Joint Civic Committee of Italian Americans may verify this information. I agree that the Joint Civic Committee of Italian Americans may disclose information contained in this application to any donors who assist with this educational scholarship. If the Joint Civic Committee of Italian Americans awards a scholarship to me, I hereby authorize the organization, on a royalty-free basis, to include my likeness and story as part of its publicity and fundraising initiatives.

Signature