



Greater Rockford Italian American Association (GRIAA) Scholarship Information Sheet

WHAT DOES THE GRIAA SCHOLARSHIP COMMITTEE PROVIDE?

Scholarships for the following schools:

Boylan Central Catholic High School
Catholic elementary grade schools-- St. Bernadette, St. Peter Cathedral, Holy Family,
St. Edward, St. James, St. Rita, and St. Bridget

SELECTION OF RECIPIENTS

The selection of students to receive scholarships is based on the following criteria:

Applicants must come from families in which at least one of the parents is of Italian ancestry.

Recipients will be selected on the basis of need for financial assistance.

Selection of recipients will be made by the GRIAA Scholarship Committee

WHEN TO APPLY FOR THE SCHOLARSHIP

Students who are seeking acceptance must submit a GRIAA Scholarship application form by May 15th.

NOTIFICATION OF SELECTION OF RECIPIENTS

Recipients will be notified of their selection by June 15.

ONE STUDENT NAME PER APPLICATION FORM

WHOM TO CONTACT

Ben Todaro
Scholarship Committee Co-Chair
Phone: 815-877-0675

Frank Valentine
Scholarship Committee Co-Chair
Phone 815-742-1691

Or send e-mail to them by clicking on "Contact Us" on our link.

RETURN COMPLETED INFORMATION TO:

Greater Rockford Italian American Association (GRIAA)
P. O. Box 1915
Rockford, Illinois 61110-0415



Greater Rockford Italian American Association (GRIAA)
Scholarship Application Form
All information contained herein will remain confidential

Only one (1) Student Name per Application

Name of school the student will be attending in the coming year and grade _____

APPLICANT'S NAME

_____ Date of Birth: _____

LAST FIRST MIDDLE

Address: _____

City: _____ Zip: _____ Phone: _____ Parish: _____

Father's Name: _____ Phone: _____

Address, if different from above: _____

Martial Status: Married _____ Divorced _____ Separated _____ Single _____

Place of Employment: _____ Years Employed: _____

Position Held: _____ Business Phone: _____

Mother's Name: _____ Phone: _____

Address, if different from above: _____

Martial Status: Married _____ Divorced _____ Separated _____ Single _____

Place of Employment: _____ Years Employed: _____

Position Held: _____ Business Phone: _____

Legal Guardian: _____ Phone: _____

Address, if different from above: _____

Martial Status: Married _____ Divorced _____ Separated _____ Single _____

Place of Employment: _____ Years Employed: _____

Position Held: _____ Business Phone: _____

How many children reside in your household? _____ Please state each child's name:

Where any of the above children not claimed as dependents on you last year's federal income tax return?

Which child (ren)? _____ Please explain:

Page One of GRIAA Scholarship Application
Page Two of GRIAA Scholarship Application

Does mother, father or guardian of applicant receive child support payments for applicant or any other child?

If yes, state the total amount of child support received for all children during the last calendar year.

Describe any extraordinary, unplanned expenses or circumstances incurred in the last 12 month (e.g. medical, accident, fire, divorce, separation, etc.):

Have you or anyone in your immediate family received GRIAA Scholarships previously? _____

If yes, when? _____

Number of vehicles in family: _____ Year and make of vehicles: _____

This application must be accompanied by a complete copy of your last Federal Income Tax Return Form 1040, plus copies of W-2's before application will be processed. If father and mother file separate returns, enclose copies of each. Failure to complete the form properly will jeopardize your opportunity to receive aid.

Check here if you do not wish to have your name released to the general public if you are awarded a scholarship.
No check mark will indicate approval to release your name to general public.

The above represents a true and total picture of our financial status for the past year. We certify that the above information is correct to the best of our knowledge.

Signed _____
Date _____

(Father or legal guardian)

Signed _____ **Date** _____

(Mother)

Mother's maiden name:

Father's mother's maiden name:

Note: Application must be signed by both parents or legal guardian and returned to GRIAA Committee Chairman by May 15th.

**Greater Rockford Italian American Association (GRIAA)
P.O. Box 1915
Rockford, Illinois 61110-0415**

WE RESERVE THE RIGHT TO REQUEST ADDITIONAL INFORMATION IF NEEDED.

APPLICANTS FOR BOYLAN MUST ALSO FILL OUT A FINANCIAL AID APPLICATION FOR BOYLAN AND SUBMIT IT TO BOYLAN.