



PENINSULA ITALIAN AMERICAN SOCIAL CLUB SCHOLARSHIP FOUNDATION 2023 SCHOLARSHIP APPLICATION

FOR HIGH SCHOOL SENIORS OF ITALIAN HERITAGE WITH A 3.0 GPA OR ABOVE.
APPLICANT MUST RESIDE AND ATTEND AN ACCREDITED HIGH SCHOOL IN SAN MATEO, SANTA CLARA,
SAN FRANCISCO, ALAMEDA, MARIN, CONTRA COSTA, NAPA, SOLANO AND SONOMA COUNTIES ONLY

Full Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Father's Full Name _____ Mother's Full Maiden Name _____

High School _____ Date of Graduation _____

What colleges or universities are you planning on attending?

What major are you planning on pursuing? _____

List any awards or honors received _____

Along with this application, please include in one envelope packet (Application Packet that does not contain ALL of the following will not be considered):

1. One letter of recommendation from persons not related to you. (Employer, Youth Leader, Mentor or Family Friend).
2. A letter of recommendation from two school officials from the high school you are currently attending.
3. List of extracurricular activities and community involvement.
4. Two wallet size headshot photographs with your name on the back of the photo.
5. An essay of no less than 200 words specifically explaining your Italian heritage/origin and what it means to you. Include your past work experience and/or community involvement and extracurricular activities. Also, why you feel you are deserving of the scholarship and your plans for the future.
6. Official transcript from your high school signed by the school registrar and in a sealed envelope.

**SUBMIT ALL ITEMS TOGETHER IN A SINGLE PACKET. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.
SCHOLASTIC RECORDS SHOULD BE DELIVERED TO YOU AND INCLUDED IN YOUR ENVELOPE.**

**SCHOLARSHIP RECIPIENTS WILL BE EXPECTED TO ATTEND THE AWARDS LUNCH THAT WILL BE
HELD ON JUNE 9, 2023**

I certify that the information submitted is true to the best of my knowledge. I understand that if I am awarded a scholarship, it will be payable only upon proof of full-time enrollment AND attendance at a recognized community college, accredited public/private college or university offering academic degrees. I understand that I will be notified only if I am a recipient of a scholarship.

Signature

Date

APPLICATION MUST BE POSTMARKED NO LATER THAN APRIL 17, 2023

For more information contact Angelo D. Izzo at angelo.dizzo1@gmail.com - 650-678-7180 cell or

Joycelyn Firenzi Pine at firenzi@comcast.net - 650-678-8765 cell

Deliver completed application and supporting documents together in one envelope to:

Angelo D. Izzo – PO Box 1477, San Mateo, CA. 94401