



**CHRISTOPHER COLUMBUS ITALIAN MUTUAL BENEFIT SOCIETY
505 SOUTH LIBERTY AVENUE
ALLIANCE, OHIO 44601**

Dear Guidance Counselor:

Please find enclosed a copy of the CCMBS scholarship application form. The Christopher Columbus Italian Mutual Benefit Society annually awards scholarships to qualifying students of Italian-American descent.

To be eligible for consideration for a scholarship from The Christopher Columbus Italian Mutual Benefit Society, students must meet the following criteria:

- 1.) Must be a high school senior accepted or enrolled as a full-time undergraduate student at an accredited institution of higher education.**
- 2.) Must be in good academic standing with a cumulative grade point average of 3.0 or better on a 4.0 scale.**
- 3.) Must be a citizen of the United States and of Italian-American descent attending Alliance, Marlinton, St. Thomas, Sebring McKinley, or West Branch High Schools.**
- 4.) Must complete and submit a CCMBS scholarship application form in its entirety by**

We appreciate your assistance in encouraging any students that may meet the eligibility criteria and need financial assistance to apply for a The Christopher Columbus Italian Mutual Benefit Society scholarship.



**CHRISTOPHER COLUMBUS ITALIAN MUTUAL BENEFIT SOCIETY
SCHOLARSHIP APPLICATION**

1. STUDENTS NAME: _____
2. ADDRESS: _____
3. CITY: _____ STATE: _____ ZIP CODE: _____
4. HOME TELEPHONE NUMBER: _____
5. HIGH SCHOOL: _____
6. ADDRESS: _____
7. CUMULATIVE GPA: _____ CLASS RANK: _____ CLASS SIZE _____

8. LIST EXTRACURRICULAR ACTIVITIES IN WHICH YOU HAVE BEEN ACTIVE.
INDICATE OFFICES OF LEADERSHIP, IF ANY, FOR EACH ACTIVITY INCLUDE WHICH
YEARS YOU WERE INVOLVED. ATTACH SEPARATE SHEET IF NEEDED:

ACTIVITY	LEADERSHIP	YEARS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. LIST ANY ACADEMIC HONORS, AWARDS, AND/OR DISTINCTIONS YOU HAVE RECEIVED:

10. LIST COMMUNITY / VOLUNTEER SERVICES:

11. FATHER'S NAME AND OCCUPATION: _____
 PLACE OF EMPLOYMENT: _____
12. MOTHER'S NAME AND OCCUPATION: _____
 PLACE OF EMPLOYMENT: _____
13. NUMBER OF SIBLINGS: _____ AGES: _____
14. DO YOU HAVE ANY SIBLINGS ENROLLED IN APOST HIGH SCHOOL EDUCATION/TRAINING PROGRAM? YES _____ NO _____ IF YES, PLEASE FILL IN INFORMATION BELOW:

NAME OF INSTITUTION

GRADUATION DATE

15. SCHOOL ATTENDING IN FALL OF 2014: _____
16. INTENDED MAJOR OR CAREER GOAL: _____
17. DO YOU WORK: _____ WHERE: _____
18. HAVE YOU RECEIVED ANY FINANCIAL AID BY THE SCHOOL YOU PLAN TO ATTEND?
 PLEASE EXPLAIN: _____

I HEREBY AFFIRM THAT I INTEND TO ENTER AN ACCREDITED SCHOOL OF HIGHER EDUCATION AS A FULL-TIME STUDENT, AND THAT I PROPOSE TO USE THE FUNDS, IF AWARDED' FOR THAT PURPOSE. I UNDERSTAND THAT MY ENROLLMENT MUST BE COMPLETED WITHIN THE CURRENT CALENDAR YEAR.

APPLICANT'S SIGNATURE: _____ DATE: _____
 COUNSELOR'S SIGNATURE: _____ DATE: _____

ALL APPLICATIONS MUST BE COMPLETED IN FULL AND INCLUDE:

- a) AN OFFICIAL TRANSCRIPT FROM THE HIGH SCHOOL YOU WILL BE GRADUATING FROM.
- b) LETTER(S) OF RECOMMENDATION FROM INDIVIDUALS AND/OR ORGANIZATIONS.
- c) A BRIEF ESSAY ON A TOPIC RELEVANT TO YOUR ITALIAN-AMERICAN HERITAGE.
- d) A COMPLETED CHRISTOPHER COLUMBUS ITALIAN MUTUAL BENEFIT SOCIETY SCHOLARSHIP APPLICATION FORM POSTMARKED NO LATER THAN _____
- e) Send to: Christopher Columbus Society

505 Liberty

Alliance, Ohio 44601

