SCHOLARSHIP APPLICATION

SECTION I: Background Information

Student's Name:					
Gender:	Last Date of Bir	First th:		Midd	le
Parent's Names:					
Number of children in	family excluding yourse	elf: Numbe	r of children atte	ending colleg	e at this time:
Parent Home Address:					
Parent Telephone Nun	nber: ()	Text: Y/N	Parent Email: _		
Is father of Italian desc	cent? Is moth	er of Italian des	cent?	Were you l	oorn in Italy?
From which part of Ita	ly does your ancestry or	riginate?			
Please list any financia	l difficulty:				
SECTION II: Academic I	nformation_				
Current Status: [] Hig	h School Senior [] U	ndergraduate	[] Master's Car	ndidate [] Doctoral Candidate
Name of former/currer	nt high school:	Graduation Year:			
Name of anticipated/co	urrent college or univers		ontact us by July		
College Major(s):		Grade Point Average:			
Do you speak Italian?	[]Yes []No	Do you wri	te Italian? [] Yes	s [] No	
Have you previously re	ceived a WVIHF Scholar	ship? [] Yes	[] No		

SECTION III: Financial Information

Family Income (individual income, if stude	nt is independent of parents)	
[] 0-\$9,999	[] \$10,000-\$25,999	[] \$26,000-\$50,999
[] \$51,000-\$75,999	[] \$76,000-\$99,999	[] Over \$100,000
Amount owed by student per year for colle Total expenses Subtract student aid & awards Total amount owed to college	ege \$ \$ \$	
SECTION IV: Essay		
In 250 words, please describe the Italian-A aspirations. [If necessary, attach a separat	· · · · · · · · · · · · · · · · · · ·	u in terms of your goals and
In 250 words, describe an outstanding Itali		you feel has influenced the
community at large. [If necessary, attach a	separate sneet.]	

REQUIRED ATTACHMENTS TO APPLICATION

- Registration fee: \$10.00 payable to "WVIHF Scholarship Program."
- Any necessary essay attachments.
- Sealed official transcript (1 copy).
- Letter of acceptance to college or graduate school (for high school seniors & college seniors only).
- Names and addresses of your school newspaper and two (if possible) hometown newspapers.
- One photo (head and shoulder area only, color or black/white)
 - o Photo will be sent to the media if you are selected to receive a scholarship
 - o Photo will not be returned; digital copy may be emailed to wvihf@wvihf.com

THIS APPLICATION MUST BE POSTMARKED NO LATER THAN MARCH 15, 2025.

MAIL COMPLETED APPLICATION TO:

WVIHF Scholarship Program
PO Box 1632
Clarksburg, WV 26302
Phone: 304-622-7314

Email: wvihf@wvihf.com

All winning applicants will be notified by May 2025.

Scholarship funds will be sent to the learning institution at the beginning of August 2025.

Student's Signature	