

Italian American St. Joseph Society, Inc.

Scholarship Program

The Italian American St. Joseph Society, Inc. ("IASJS"), is one of the largest ethnic organizations in the southeastern United States. From its inception through today, the IASJS has worked to educate Italian Americans in southeastern Louisiana and the Gulf Coast concerning the culture, history and traditions and benefits of Italian heritage. Since its inception, the IASJS has stimulated the Italian community to remember and celebrate their shared experiences, traditions, identities, struggles, and aspirations.

Eligibility

The IASJS has implemented a scholarship program in 2018 to reward those high school and college aged students who demonstrate a desire to learn and share the values of Italian culture with other younger people to foster and build a sense of community. In order to be eligible for consideration of an IASJS scholarship an applicant must meet the following criteria at the time of application submission:

- A high school or college student age 16 to 20;
- A United States citizen or a permanent resident alien;
- Enrolled in an accredited high school or college;
- Have a minimum cumulative GPA of 3.0 out of 4.0 scale, or a 3.75 out of a 5.0 scale;
- Complete and submit application and forms by the applicable deadline;
- Have a parent or grandparent of Italian heritage;
- Be present for the scholarship award presentation in New Orleans, LA in March, 2025; and Not have an immediate family member who is (i) on the IASJS's Scholarship Selection Committee, (ii) an officer of the IASJS, (iii) a director of the IASJS, or (iv) a substantial contributor to the IASJS.

* "Immediate" is defined as father, grandfather, great-grandfather, uncle, great-uncle, sibling, cousin, or in-law whether by blood, adoption, or marriage.

Awards

The IASJS will present the Vince "Rocky" Russo and Enrico "Ricky" Russo Scholarships in the amount of \$1,000.00 to a qualified applicant. The IASJS may also present up to two additional \$1,000.00 scholarship awards to qualified applicants. The IASJS Scholarship Selection Committee will review each applicant's transcripts, community service forms, and essay submissions in making its determinations. Applicants may also be interviewed by the IASJS Scholarship Selection Committee. The IASJS Scholarship Selection Committee reserves its right to amend its review process upon the provision of notice to the applicants.

Application Procedures

If you are an eligible student interested in applying for an IASJS scholarship, please complete and return your completed scholarship application form and required documents to the IASJS by January 15, 2025. Scholarship recipients will be announced at the IASJS's annual Celebration of the Feast of St. Joseph events in March, 2025. The decisions of the IASJS Scholarship Selection Committee are final. The IASJS Scholarship Selection Committee will not release justification for recipient selections. This is a one-time only award, and all awards must be collected by the beginning of the fall semester.

Deadline for submitting the IASIS Scholarship Application and required documents is January 15, 2025. Please return application and required forms to:

**Italian American St. Joseph Society, Inc.
C/O Melvin Ferlita
320 Jade Ct
Madisonville, La. 70447**

Italian American St. Joseph Society, Inc.

Scholarship Application Checklist

Be sure to **INCLUDE** the following:

- _____ Completed **and** Signed Application
- _____ Essay Statement
- _____ Photo and Photo Release Consent Form
- _____ Community Service Form (Achievements and Involvements)

Follow-up and be sure the following have been submitted on your behalf:

- _____ Official Transcripts Form (College)
- _____ Official Transcripts and Counselor Recommendation Form
(High School Only)

ALL paperwork must be postmarked by January 15, 2025.

Please mail all of the above documents to:

Italian American St. Joseph Society, Inc.
C/O Melvin Ferlita
320 Jade Ct.
Madisonville, La 70447

Italian American St. Joseph Society, Inc.

Scholarship Application

PERSONAL INFORMATION

Name: _____

Address: _____ Birthdate: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____ Email: _____

Name of Parents/Guardian: Mother: _____ Father: _____

Guardian: _____

Member of Italian American St. Joseph Society, Inc. Yes _____ No _____

EDUCATION

High School/College/University Currently Attending: _____

City: _____ State: _____ ZIP: _____

Dates of Attendance: _____ Current Grade: _____

If High School:

Date of Expected Graduation: _____

Name of Accredited College/University
You Will Attend Pursuant to Graduation: _____

City: _____ State: _____ ZIP: _____

If College/University or High School Senior, Please Indicate Course of Studies or Intended Studies:

Major: _____

Minor: _____

I hereby certify that this application contains no misstatements or omissions of facts and that I will comply with the regulations of the Italian American St. Joseph Society, Inc. Scholarship Fund if this application is accepted.

Applicant's Signature: _____

Date: _____

Please fill out and sign the above form and submit with a photo to:

**Italian American St. Joseph Society, Inc.
C/O: Melvin Ferlita
320 Jade Ct
Madisonville, La 70447**

Italian American St. Joseph Society, Inc.
Scholarship Application Essay Form

Instructions: Essay must be at least 300 words. Please present your understanding of Italian values and how you share them with other young people on a daily basis.

Please fill out and sign the above form and submit with photo by JANUARY 15, 2025 to:

**Italian American St. Joseph Society, Inc.
C/O Melvin Ferlita
320 Jade Ct
Madisonville, La 70447**

Italian American St. Joseph Society, Inc.
Scholarship Application Photo Release Consent Form

I, _____ (full legal name), give the Italian American St. Joseph Society (“IASJS”) my permission to use the enclosed photograph to promote my approved IASJS Scholarship Application. I understand that my photo will be used by the IASJS to announce my scholarship acceptance and will be used for publicity purposes only.

Applicants Signature (if Applicant is 18 years old or older): _____

Date: _____

Phone Number: _____

Parent/Guardian’s Signature (if Applicant is less than 18 years old): _____

Parent/Guardians Name: _____

Date: _____

Phone Number: _____

Please fill out and sign the above form and submit with photo by January 15, 2025 to:

Italian American St. Joseph Society, Inc.
C/O Melvin Ferlita
320 Jade Ct
Madisonville, La 70447

Italian American St. Joseph Society, Inc. Scholarship Application Community Service Form

A SEPARATE FORM MUST BE USED FOR EACH ORGANIZATION.

Name of Applicant: _____

Name of Organization: _____

Organization Contact Information:

Name: _____

Phone: _____

Address: _____

Services Provided by Applicant: _____

Hours Per Week Volunteered: _____

Did Applicant Receive Special Recognition/Award: _____ Yes _____ No

If Yes, Please Describe: _____

Did Applicant Demonstrate Leadership Qualities: _____ Yes _____ No

If Yes, Please Describe: _____

**Please fill out and sign the above form and submit with photo by January
15, 2025 to:**

**Italian American St. Joseph Society, Inc.
C/O Melvin Ferlita
320 Jade Ct
Madisonville La 70447**

Italian American St. Joseph Society, Inc.

College Transcript Request Form

Submit an official transcript of academic records, **with affixed seal**, from college or university presently attending.

This official transcript must be returned by January 15, 2025 to:

Italian American St. Joseph Society, Inc.

**C/O Melvin Ferlita
320 Jade Ct
Madisonville La 70447**

Student's Full Legal Name: _____

Date of Birth: _____ Gender: _____

Student's Address: _____

City/State: _____ Zip: _____

Student's Phone: _____

School Name: _____

School Address: _____

City/State: _____ Zip: _____

School Phone: _____

Advisor's Name and E-mail: _____

THE STUDENT'S TRANSCRIPTS MUST BE POSTMARKED BY JANUARY 15, 2025.

Italian American St. Joseph Society, Inc.

High School Transcript and Counselor Request Form

STUDENT SECTION: Please fill in the information below and submit this form to your Guidance Counselor.

Student's Full Legal Name: _____

Address: _____

City/State: _____ Zip: _____

Date of Birth: _____ Gender: _____

School Name: _____

School Phone: (_____) _____ Advisor/Counselor Name: _____

ADVISOR/COUNSELOR SECTION: Please fill out the form below and submit, including an official transcript of high school records with affixed seal and S.A.T or A.C.T. scores by **JANUARY 15, 2025** to:

Italian American St. Joseph Society, Inc.
C/O Melvin Ferlita
320 Jade Ct
Madisonville La 70447

This is to certify that _____ **(Student's Name)** has attended the above named school from _____ (month and year) to _____ (month and year).

Expected Graduation Date: _____

This candidate ranks _____ in a class of _____

Cumulative G.P.A.: _____ through _____ semesters.

S.A.T./A.C.T. Scores and Dates: _____

COUNSELOR RECOMMENDATION: Please rank the student in the following categories:

	<u>Below Average</u>	<u>Average</u>	<u>Above Average</u>	<u>Excellent</u>
Academic Promise	0	0	0	0
Character and Personal Promise	0	0	0	0
Overall Recommendation	0	0	0	0

Additional comments concerning this student: _____

Advisor Signature: _____ Date: _____

Email Address: _____

THE STUDENT'S TRANSCRIPTS MUST BE POSTMARKED BY JANUARY 15, 2025.