



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: _____

Grade the student will be entering: _____

Parish the student belongs to: _____

APPLICANT'S NAME

_____ Date of Birth: _____
LAST FIRST MIDDLE

Address: _____

City: _____ Zip: _____

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: _____

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

Which child (ren)? _____ Please explain: _____

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 or legal guardian)

Student's Mother's maiden name: _____

Student's Father's mother's (paternal grandmother) 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 2041
Loves Park, Illinois 61130

WE RESERVE THE RIGHT TO REQUEST ADDITIONAL INFORMATION IF NEEDED.

