



AMICI ITALIAN-AMERICAN BENEVOLENT ASSOCIATION
JOHN MASSE MEMORIAL SCHOLARSHIP
P.O. BOX 7413
SHREWSBURY, NEW JERSEY 07702

2018	Student Signature:
IMPORTANT Information To be filed In.	School Official Name:
	School Official Signature:
	School Official Title:

To be completed by parent or guardian.

Proof of Italian heritage

(i.e. the applicant must have one parent or one grandparent of Italian heritage).
 Documented proof may be requested by the selection committee if necessary.

Father		Mother (Maiden Name)	
Name:		Name:	
Address:		Address:	
Telephone:		Telephone:	

I verify that the student/applicant applying for this scholarship is of Italian heritage.

Name of Parent/Guardian: _____

Parent or Guardian Signature: _____

Relationship to Applicant: _____

Completed Document Must be uploaded with application or mailed in to qualify for scholarship.
 Signature page