



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

<b>2019</b>	Student Signature:
<b>IMPORTANT Information To be filed In.</b>	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