

CENTRAL ORANGE COUNTY ITALIAN AMERICAN ASSOCIATION
2026 SCHOLARSHIP APPLICATION

PART 1

Name : _____ Phone : _____

Address : _____

Email : _____

Father/Guardian : _____ Occupation : _____

Mother/Guardian : _____ Occupation : _____

List the names and grades of all your siblings : _____

Italian Heritage :

Father : Yes _____ No _____

Birthplace : _____

Mother : Yes _____ No _____

Birthplace : _____

Paternal Grandfather : Yes _____ No _____

Name : _____

Birthplace : _____

Paternal Grandmother : Yes _____ No _____

Name (Maiden) : _____

Birthplace : _____

Maternal Grandfather : Yes _____ No _____

Name : _____

Birthplace : _____

Maternal Grandmother : Yes _____ No _____

Name (Maiden) : _____

Birthplace : _____

Please indicate the college that you are planning to attend or colleges that you have applied to :

What is your career goal : _____

YOUR COMPLETION OF THIS FORM IMPLIES YOUR PERMISSION TO INCLUDE YOUR HIGH SCHOOL TRANSCRIPT
IN ORDER TO BE CONSIDERED, ALL APPLICATIONS MUST BE SUBMITTED IN DUPLICATE. (two copies)
PLEASE MAIL ALL COMPLETED APPLICATION PACKAGES TO COCIAA, PO BOX 455, GOSHEN, NY 10924

SIGNATURE OF STUDENT

SIGNATURE OF PARENT

PART 1 (CONT'D)

ACTIVITIES

Name : _____

Leadership

Position (s)	Organization/Club	Years
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Clubs and Sports

Activity	Years	Activity	Years
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Honors and Awards

Award	Year	Award	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Community Service

Organization	# of Hours	Contact Person	Contact Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Use the space below to add any other comments that you would like us to consider :

SIGNATURE OF STUDENT

SIGNATURE OF PARENT

PART 2

FINANCIAL INFORMATION

Name : _____

Total number of people living in your household : _____

Please list your siblings in college and where they are attending : _____

What is the estimated cost (tuition and room and board only) for the colleges to which you have applied :

Have you received any grants and/or scholarships already? Yes ____ No ____

If yes, list amount(s) : _____

Have you submitted (or will you be submitting) the Free Application for Federal Student Aid (FAFSA)?

Yes ____ No ____

If yes, what is the Estimated Family Contribution (EFC)? : _____

If no, why not? : _____

Please check off a total income range for your parent(s) **BEFORE** taxes:

Under \$25,000/yr _____	\$25,000-\$50,000/yr _____	\$50,000-\$75,000/yr _____
\$75,000-\$100,000/yr _____	\$100,000-\$150,000/yr _____	\$150,000-\$200,000/yr _____
Over \$200,000/yr _____		

What is the total amount that you and your parents have saved for your college education : _____

Use the space below to explain any special circumstances that may affect your ability to pay the cost of attending college next year _____

SIGNATURE OF STUDENT

SIGNATURE OF PARENT

ESSAYS

Name : _____

1. FUTURE PLANS : Please write a brief essay describing your educational and vocational plans, why you feel worthy of receiving this scholarship, and how you would use this money if awarded to you. **(Please type or print clearly).**

2. ITALIAN AMERICAN HERITAGE : Please write a brief essay describing what your Italian American heritage means to you. **(Please type or print clearly).**