

**PITTSFIELD CHAPTER OF UNICO NATIONAL**  
**P.O. Box 2672, Pittsfield, MA 01202-2672**

**APPLICATION FORM FOR SCHOLARSHIP**

<input type="checkbox"/> UNICO National Scholarship (UNS)	<input type="checkbox"/> Baseball Hall of Fame (BHF)	<input type="checkbox"/> Continuing Education (CE)
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**Section 1 - Personal Information**

<b>Name:</b>	<b>Telephone:</b>
<b>Address:</b>	<b>Age:</b>
	<b>Date of Birth:</b>
<b>Father's Name &amp; Address:</b>	<b>Father's Occupation/Employer:</b>
<b>Mother's Name &amp; Address:</b>	<b>Mother's Occupation/Employer:</b>
<b>Name of Relative of Italian Origin: i.e., Parent or Grandparent:</b> <i>(This Question Required for UNS &amp; CE only)</i>	

*Please sign in ink:*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Signature of Parent/Guardian*

**Eligibility:**

- 1) **ITALIAN ORIGIN** – The candidate must have one parent or grandparent of Italian origin, documented and notarized proof may be requested by the selection committee if necessary. *(Not required for BHF)*
  - 2) **RESIDENCE** – Candidate must reside in the corporate limits of UNICO of Pittsfield.
  - 3) **EDUCATIONAL REQUIREMENTS** – A senior at any public or private secondary school located within the corporate limits or adjoining suburbs of the city wherein an active chapter of UNICO National is located. Candidate must submit scores for either S.A.T. or A.C.T. Test and must be recommendable to a college by his secondary school.
  - 4) **FINANCIAL NEED** – Financial need will be considered and estimated on the basis of parents annual income, their assets and special family circumstances.
  - 5) **Extra Curricular and Community Participation** – The extent to which a candidate has contributed to the life and welfare of school and/or community will be taken into account in the assessment of merit.
- ALL APPLICATIONS MUST BE ACCOMPANIED BY A TRANSCRIPT AND A COPY OF YOUR STUDENT AID REPORT (SAR) AND GUIDANCE COUNSELOR VERIFICATION. NO EXCEPTONS WILL BE MADE.**



**UNS & BHF**  
**Deadline**  
**MAY 1**

MAIL TO:  
**Chairman Scholarship Committee**  
**Pittsfield Chapter of UNICO**  
**P.O. Box 2672**  
**Pittsfield, MA 01202-2672**



**CE**  
**Deadline**  
**JUNE 15**

Section 2 – Sibling Information

Age Only (No Names)	Grade- If College – Year & Name Of College	Dependent on Parents?
		<input type="checkbox"/> Yes; <input type="checkbox"/> No
		<input type="checkbox"/> Yes; <input type="checkbox"/> No
		<input type="checkbox"/> Yes; <input type="checkbox"/> No
		<input type="checkbox"/> Yes; <input type="checkbox"/> No

Section 3 – Scholastic Information

School Presently Attending:	Academic Class Rank _____ In a Class of _____
College/University You Plan to Attend:	Have you received your official acceptance:
College Board Scores: S.A.T.'s: Verbal: _____; Non-Verbal: _____; A.C.T. Composite: _____	

Section 3A – Scholastic Information (For Continuing Education Scholarship ONLY)

College or University Presently Enrolled in:	Indicate Major field of Study: Undergraduate: _____ Graduate: _____
Year you will be attending in September:	
Are you presently receiving financial assistance: <input type="checkbox"/> Yes; <input type="checkbox"/> No (If yes please indicate source of assistance and amount: 1. _____ 2. _____ 3. _____ 4. _____	
Do you have any outstanding student loans: <input type="checkbox"/> Yes; <input type="checkbox"/> No Amount: \$ _____	
Explain any unusual personal or family expenses: _____ _____ _____	

Section 4 – Financial Information

Are you presently employed?  Yes;  No

Employer	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Salary?
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Section 4A – Financial Assets

Savings:	Checking:	Bonds:
Securities:	Other:	Benefits (i.e., SSI, VET, etc.)

Section 4B – Other Scholarships Applied For

1. _____
2. _____
3. _____
4. _____

Section 4C – Other Scholarships Received

1. _____
2. _____
3. _____
4. _____

List your plans to earn money to further your education: \_\_\_\_\_

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List any social activities, clubs, or organizations and your involvement in each (past or present): \_\_\_\_\_

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Brief Statement of Educational Goals: \_\_\_\_\_

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Please List Baseball History, i.e., Years Played, Teams, Honors Received (Baseball Hall of Fame Scholarship Applicant Only) \_\_\_\_\_

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