

# Fierro Family Italian American Cultural Association of Virginia 2017-2018 Scholarship Application

In 1996, the Fierro family of Richmond and the Italian American Cultural Association of Virginia established a scholarship for a Virginia Commonwealth University student of Italian descent. Applicants must be full-time undergraduate students on the Monroe Park Campus of VCU, of Italian descent, have demonstrated financial need (as determined by the Financial Aid Office), and have and maintain a grade point average of at least 3.0. Only complete applications will be considered. An award of approximately \$1,000 will be applied to the recipient's tuition for the fall and spring semesters of the academic year 2017-2018. **Application deadline: July 14, 2017.**

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_@vcu.edu

Student id (V) #: \_\_\_\_\_ Major: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Street or P.O. Box # City State Zipcode

Local/Campus Address: \_\_\_\_\_  
Street or P.O. Box # City State Zipcode

Local Telephone #:(\_\_\_\_) \_\_\_\_\_ Year in School: \_\_\_\_\_

Campus/Community Activities/Hobbies: \_\_\_\_\_  
\_\_\_\_\_

Career Goals/Future Plans: \_\_\_\_\_  
\_\_\_\_\_

Please write a paragraph explaining your Italian heritage or tracing your Italian roots: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that all of the information provided on this application is true. If awarded the Fierro Family Italian American Cultural Association Scholarship, I will write a letter of thanks to the donor and send it to the Donor Relations Office, attend the Monroe Park Campus Endowed Scholarship Dinner, and meet the President of the Italian American Cultural Association of Virginia. The award may be revoked if I do not complete these activities or if I do not maintain a 3.0 grade point average or keep my full-time student status. The information that I have provided in the application as well as information about my grade point average may be released for donor stewardship purposes.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Please email or mail this application to:

Office of Donor Relations  
111 N. 4<sup>th</sup> Street  
Post Office Box 842039  
Richmond, Virginia 23284-2039  
aahoffle@vcu.edu