



HACKENSACK CHAPTER UNICO NATIONAL

The Largest Italian-American Service Organization in the United States
"Service Above Self"
Post Office Box 1527 - South Hackensack, N.J. 07606-1527

ANNOUNCING SCHOLARSHIPS FOR THE 2025-2026 SCHOOL YEAR:

Amoroso Family Scholarship
Barricella Family Memorial Scholarship
D'Ambrosio Family Scholarship
Michael J. D'Arminio, Sr., PNP, Memorial Scholarship
Michael & Grace Ferrara Memorial Scholarship
G. Thomas Gentile Funeral Service Scholarship

C J Lombardo Family Scholarship
Michael J. Mariniello, Jr., PNP, Memorial Scholarship
Saccaro Family Scholarship
Alfred N. Sanzari Family Foundation Scholarship
Stamilla Family Scholarship
Michael J. Sutera Memorial Scholarship

Eligibility:

1. **ITALIAN ORIGIN:** The candidate must have at least one parent or grandparent of Italian origin.
2. **EDUCATIONAL REQUIREMENTS:** Must be a senior candidate at any public or private secondary school. A transcript which shows most recent rank in class, and the scores obtained on either the SAT or ACT exam must be submitted. Applicant must be recommended to a college or university by his/her secondary school.
3. **FINANCIAL NEED:** Special family circumstances, the numbers, ages and schooling needs of siblings are all taken into consideration when assessing need.
4. **EXTRACURRICULAR & COMMUNITY SERVICE:** The extent to which a candidate has contributed to the life and welfare of school and/or the community will be taken into consideration in the assessment of merit.
5. **CHILDREN OF UNICO MEMBERS ARE ELIGIBLE REGARDLESS OF THEIR PLACE OF RESIDENCE.**

FORM OF APPLICATION:

Completed Scholarship Grant Application (preferably typewritten), along with a H.S. Transcript must be submitted for consideration by the Scholarship Committee. Additionally, the following are required:

1. A handwritten statement of not more than 300 words prepared by the applicant summarizing activities, accomplishments, and objectives of further education which they feel will qualify them for the Scholarship Award.
2. A comprehensive Letter of Recommendation covering character, personality and scholarship of applicant from at least one person in authority in the School.

MERIT STANDARDS: All information submitted on these forms will be considered in awarding Scholarships.

DEADLINE FOR FILING APPLICATION: APRIL 15, 2026 ... (NO EXCEPTIONS!!)

For Information please Contact:

Mrs. Patricia Ruggiero, Scholarship Chairlady
Email: patr103@aol.com or phone: 201-888-2070

HACKENSACK CHAPTER OF UNICO NATIONAL
SCHOLARSHIP AWARD

SCHOLARSHIP GRANT APPLICATION

(Please Print or Type):

Student's Full Name: _____

Student's Address: _____

Date of Birth: _____ Email Address: _____

Home Phone No: _____ Cell Phone No: _____

High School: _____

School Address: _____

1. Expected Graduation Date: _____
Rank in Graduating Class: _____ out of _____ students.

2. **HONORS AND AWARDS:** (Please list chronologically and give duties received):

3. **PARTICIPATION IN EXTRACURRICULAR ACTIVITIES, CLASS & SCHOOL ORGANIZATIONS:** (Offices held, awards, etc. Please list chronologically, providing dates):

4. **PERSONAL AND COMMUNITY ACTIVITIES:** (Including employment). (Offices held, awards, etc. Please list chronologically, providing dates):

5. **MISCELLANEOUS:** (Other activities such as special interests, hobbies, or additional information relevant to the other activities; plans for College or University study. Please indicate here the major academic interests which you will pursue at the College or University level. If possible, indicate career plans:

**HACKENSACK CHAPTER OF UNICO NATIONAL
FINANCIAL INFORMATION (will be kept Confidential)**

1. Estimated Costs:

- A. Tuition, Room and Board per year: _____
- B. Other college fees per year: (Books, etc.): _____
- C. Total estimated costs (do not include travel, clothing, etc.): _____

2. Estimated Income:

- A. Savings you personally have on hand to use per year: _____
- B. Expected earnings from now to start of first college semester, including summer work: _____
- C. Amount of Family Contribution per year: _____
- D. Total Anticipated Income per year: _____

3. Have you applied for other Scholarships? If so, list below:

4. Have you received any Scholarships as of this date? If so, please indicate name and amount below:

- 5. College/University you plan to attend: _____
- 6. Have you been accepted? _____
- 7. How many other family members are presently attending College of University?

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Explain below your reasons for applying for this Scholarship and any circumstances which should be taken into consideration in review of your application:

TO BE COMPLETED BY PARENTS OR GUARDIANS:

Please give details of the student's Italian heritage: _____

Father (or Guardian):

Mother (or Guardian):

Name: _____

Address: _____

City, State, Zip: _____

Explain any extraordinary expenses or indebtedness:

Signature of Student Applicant

Date

Signature of H.S. Principal

Date

ALL SIGNATURES ARE MANDATORY!!

Please Note: All above information is CONFIDENTIAL and will remain so. The information you provide will save a great deal of time and preclude the necessity of a personal visit before selection. Thank you . . . GOOD LUCK!!