



UNICO FOUNDATION, INC.
DR. BENJAMIN COTTONE MEMORIAL SCHOLARSHIP
QUALIFICATIONS AND INSTRUCTIONS
2016-2017

UNICO Foundation, Inc. will grant a \$5,000.00 scholarship to a student pursuing graduate education in the field of medicine.

ELIGIBILITY

1. **Italian Origin**—The candidate must be a United States citizen of Italian ancestry, i.e., must have at least one grandparent of Italian origin. Documented and notarized proof may be requested by the selection committee if necessary.
2. **Sponsorship**—An applicant must reside in the home state of an active UNICO Chapter. Every UNICO Chapter, in good standing, may sponsor candidates for each of the UNICO Foundation scholarships. Applications may also be submitted through the District Governor or the UNICO National Office.
3. **Educational Requirements**—A candidate must be a senior at a campus based public or private college/university or hold a degree thereof who will be commencing graduate studies in the field of medicine, or is currently enrolled in an accredited medical school within the United States. Proof of enrollment must be provided prior to the issuing of scholarship money.
4. **Financial Need**—Financial need will be one of the considerations.
5. **Extra-Curricular and Community Participation**—The extent to which a candidate has contributed to the life and welfare of college and/or community will be taken into account in the assessment of merit.
6. **Family Members**—UNICANS and their family members are eligible and may apply through their respective chapters.
7. **Timeframe**—The candidate must pursue their study within the academic year of the scholarship grant; any deviation will result in the forfeiture.

STANDARDS FOR CONSIDERATION

In addition to the criteria previously listed, applications will be judged on citizenship, leadership, character, community service and commitment. Exhibits evidencing notable achievements in these areas may be attached. Remove all letters from envelopes and bind the letters flat. The applicant should avoid submitting repetitious accounts. Responses requiring extra space should be written on separate 8½ x 11 sheets of paper.

Along with the Scholarship Grant Application, we require the following:

1. **Two letters of recommendation**, approximately 200 words each, one from a school official and one from a member of the community, not affiliated with the school.
2. A Chapter letter of endorsement and presentation may be included. (Optional)

Applications that do not conform to the foregoing requirements will not be considered. Experience indicates that a scholarship rating of 90% or better is usually necessary to qualify for serious consideration for an award; in the event a candidate's academic achievements are not reflected by grades and tests, other attributes must be provided.

ADDITIONAL CONDITIONS

The UNICO Foundation, through this program, seeks students of outstanding merit who show appreciation for the value of an education and are willing to achieve success. It is to be noted further that along with the maintenance of the required college scholastic standards as a condition precedent in awarding the scholarship, the National Director of Scholarships and UNICO Foundation, Inc. Trustees reserve unto themselves the right to cancel or otherwise terminate a grant at any time an awardee, in their opinion, directly or indirectly engages in undesirable activities. The National Director of Scholarships and UNICO Foundation Trustees need not assign any reason for their action and the awardee shall have no recourse.

FILING OF APPLICATIONS

The application must be signed by a School Official and presented to the UNICO Chapter or National Office Representative. **Incomplete applications will not be accepted.**



UNICO FOUNDATION, INC.

DR. BENJAMIN COTTONE MEMORIAL SCHOLARSHIP APPLICATION

Must be filed prior to April 15 with the UNICO Chapter Representative or directly with the National Office.

Please Type or Print

Student's Name: Last First Middle

Student's Address: Street City State Zip

Date of Birth: Phone ()

E-mail:

TO BE COMPLETED BY SCHOOL OFFICIAL

College:

Address of College:

Expected Graduation Date:

Scholastic Average:

Name and Title of School Official:

MANDATORY School Official Signature:

1. Honors & Awards: Separate academic and non-academic awards. List chronologically with dates received.

Three horizontal lines for listing honors and awards.

2. Participation in extra-curricular activities, class and school organizations (offices held, awards, etc.) List chronologically and date.

Three horizontal lines for listing extra-curricular activities.

3. Personal and community (including employment) activities conducted out of school (offices held, awards, etc.) List chronologically and date.

Three horizontal lines for listing personal and community activities.

4. Please list other scholarships applied for and identify those which you have already been awarded.

5. Medical Schools applied to or attending in order of preference: Tuition, Room & Board Fees

Prospective Medical Degree: _____

Course duration: _____

Briefly explain your Italian Ancestry:

Incomplete, altered, outdated, or unofficial applications will not be accepted.

Applications must be submitted as hardcopies.

All signatures are mandatory.

Online degree programs are not eligible for UNICO scholarships.

The scholarship must be applied to the 2017-2018 academic year.

A recipient must submit the scholarship agreement, and a bursar's receipt confirming enrollment, prior to payment of award.

Candidates must reside in the home state of an active UNICO Chapter.

Only the winners will be notified. Results will be posted on the UNICO National Website: www.unico.org

Recipients are required to submit a photo upon notification.

For security purposes, do not include a Social Security Number.

Must be filed prior to April 15 with the UNICO Chapter Representative or directly with the National Office.

UNICO FOUNDATION SCHOLARSHIP GRANT FINANCIAL STATEMENT

STUDENT'S PROPOSED BUDGET (List on an annual basis.)

Resources:		Costs:	
Savings	\$ _____	Tuition & Fees	\$ _____
Summer Earnings	\$ _____	Books & Equipment	\$ _____
Other Earnings	\$ _____	Board	\$ _____
Aid from other sources (loans, grants, scholarships, etc.)	\$ _____	Room	\$ _____
		Clothing	\$ _____
		Food	\$ _____
Other (specify)	\$ _____	Personal Recreation	\$ _____
		Other (specify)	\$ _____
Total Resources	\$ _____	Total Costs	\$ _____

Circumstances defining financial need:

I hereby confirm that I am a citizen of the United States and certify that the information submitted on this application is accurate.

Date Signature of Applicant

Date Signature of UNICO Representative

Chapter State