

**QUALIFICATIONS AND INSTRUCTIONS  
UNICO FOUNDATION, INC.**

**DR. BENJAMIN COTTONE MEMORIAL SCHOLARSHIP AWARD**

UNICO Foundation, Inc. will grant a \$5,000.00 scholarship to a student pursuing postgraduate 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. **Chapter Recommendation** – A candidate must be recommended by a UNICO Chapter in good standing. Every active UNICO Chapter may submit applicants for each of the UNICO Foundation scholarships.
3. **Education Requirements** – A candidate must be a senior at any public or private college/university or a graduate 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.
4. **Scholarship Disbursement** – Proof of enrollment must be provided prior to the issuing of scholarship money.
5. **Financial Need** – Financial need will be one of the considerations.
6. **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.
7. **Family Members – UNICANS** and their family members are eligible and may apply through their respective chapters.

**STANDARDS FOR CONSIDERATION:**

In addition to the criteria previously listed, applications will be judged on citizenship, leadership, character, personality, and community service. 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. A formal letter of endorsement and presentation signed by the President and/or Scholarship Chairperson of the sponsoring chapter. This letter should attest to the data submitted.
2. Two letters of recommendation, neither over 200 words, one from a school official and one from a member of the community, not affiliated with the school. Applications that do not conform to the foregoing requirements will not be considered. Experience indicates that a scholarship rating of 90% or better and a relative standing in the upper 10% of a college aptitude test are 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 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 Scholarship 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 sponsoring chapter before April 15. Incomplete applications will not be accepted.

UNICO FOUNDATION, INC.

DR. BENJAMIN COTTONE MEMORIAL SCHOLARSHIP GRANT APPLICATION

**Must be filed prior to April 15 with the sponsoring chapter  
May 1 to the UNICO National Office**

**Please Type or Print**

Student's full name \_\_\_\_\_  
Last First Middle

Student's address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

College \_\_\_\_\_

Address of College \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_

Scholastic Average \_\_\_\_\_

IMPORTANT: School Official Signature \_\_\_\_\_

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1. Honors and Awards **List chronologically and give dates received.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. List other scholarships applied for, and identify those that you have already been awarded.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Schools applied to or attending, in order of preference:

Tuition, Room  
& Board fees

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Prospective Medical Degree \_\_\_\_\_

Course duration \_\_\_\_\_

I hereby certify that the information submitted on this application is accurate.

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

\_\_\_\_\_  
Date Signature of Chapter President or Scholarship Chairperson

\_\_\_\_\_  
Chapter State

**All signatures are mandatory.**

**Candidate must be sponsored by an active UNICO Chapter.**

**Only the winner will be notified.**

**Recipients are required to submit a photo upon notification.**

**For security purposes, do not include a Social Security number.**

**UNICO FOUNDATION SCHOLARSHIP GRANT FINANCIAL STATEMENT**

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

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

**PROOF OF ITALIAN ORIGIN**

Father	Mother (Maiden Name)
Name _____	Name _____
Address _____	Address _____
_____	_____

**Any extraordinary expenses or indebtedness:**    **Yes** \_\_\_\_\_    **No** \_\_\_\_\_

**If yes, explain. Use a separate sheet, if necessary** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Revised 2010