Italian Catholic Federation
8393 Capwell Drive, Suite 110
Oakland, CA 94621
(510) 633-9058 • (510) 633-9758 (Fax) • info@icf.org (E-mail) • www.icf.org (Web site)

The Italian Catholic Federation is a National Roman Catholic Fraternal Organization composed of persons of Italian ancestry (including their non-Italian spouses) who are of the Roman Catholic Faith.

One of the many programs of the Federation is to offer college scholarships to further the education of students who achieve a total cumulative GPA (3 ½ years) of at least 3.2 and meet all of the requirements in either #1 or #2: 1) Are Roman Catholic and of Italian Descent and live within the Roman Catholic Dioceses of Arizona, California, Illinois and Nevada, only where Branches of the Federation are established. or 2) if either Roman Catholic parent, guardian or grandparent is a member of the Italian Catholic Federation, the student must be Roman Catholic but need not be of Italian Descent or live where Branches of the Federation are established. - membership of a Roman Catholic parent, guardian or grandparent is mandatory for #2.

SCHOLARSHIP INFORMATION

The Federation will award scholarships to high school graduates payable to them upon proof of full-time enrollment, in the first Fall Term following their High School graduation, in an accredited university, college, junior college or technical school. Each year the number of the scholarships awarded is based upon the donations made by the membership of the Federation specifically to the I.C.F. Scholarship Fund. Also, recipients of an I.C.F. First Year Scholarship will automatically become eligible to receive an advanced scholarship application upon completing their 1st, 2nd and 3rd year of college consecutively. 2nd year scholarships are $500.00, 3rd year scholarships are $600.00 and 4th year scholarships are $1,000.00. Applications are reviewed and judged by the scholarship committee for the selection of scholarship winners. A total cumulative GPA of at least 3.2 must be achieved by the students. Applications for the advanced scholarships will be mailed directly to the first year recipient's last known home address in June of each year. (A maximum total of $2,500.00 if all 4 years are awarded.) If you do not receive an advanced scholarship application by June 15th, please call the I.C.F. Office and let us know so another one can be sent.

Applications will be judged and evaluated on:

► Scholastic Achievement – TOTAL CUMULATIVE GPA (3 ½ years) and CLASS RANK
► Financial Need
► Leadership Role
► Faculty Recommendation and Character Reference
► Extracurricular Activities and Charitable Efforts
► Family Membership/Activities in the I.C.F. (if applicable)

Applications must be complete and include the following:

1. A complete transcript of the applicant’s high school scholastic record. (Gr. 9 to 1st qtr. or sem. of Gr. 12.)
2. A letter of recommendation from a school official which must also state the applicant’s total cumulative GPA (3 ½ years) and CLASS RANK.
3. A personal letter of approximately 150 WORDS explaining applicant’s Italian origin, (or I.C.F. membership affiliation of their non-Italian Roman Catholic parents, guardians or grandparents), why the applicant’s Roman Catholic Faith is important to him or her and applicant’s plans for the future

The applicant’s completed packet should be mailed to the I.C.F. Central Council Office at the address listed above, marked to the attention of the Scholarship Committee, and must be received not later than March 15, 2015. All applications become the property of the I.C.F. Scholarship Committee and all information submitted remains CONFIDENTIAL. First Year Scholarship recipients will be notified during the month of May of the current year.
APPLICATION FOR SCHOLARSHIP

I hereby apply for a First Year Scholarship offered by the Italian Catholic Federation, and certify that I understand and meet the necessary requirements and will enroll in the first Fall Term following High School graduation:

Cell Phone (____)_______________

Name__________________________Home Phone (____)_______________

Address________________________City_________________State______Zip______

High School________________________City_________________State______Zip______

GPA__________ Class Rank__________ E-mail________________________

The University/College/School I plan to attend____________________________________

(If a final decision has not been made, please list at least three schools that you are considering.)

City and State of University/College/School____________________________________

The Course of Study/Profession I plan to pursue___________________________________

(If a final decision has not been made, please list some studies/professions that you are interested in.)

Extracurricular/Charitable Activities in which I have been involved: (An attachment is allowed.)

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

I fully understand the deadline for this application is March 15, 2015, and that the contents of this application are CONFIDENTIAL. I also understand that if I am awarded a First Year Scholarship, it will be payable to me upon proof of full-time enrollment, in the first Fall Term following my High School graduation, at an accredited university, college, junior college or technical school.

In compliance with the requirements for this scholarship, I submit the following information:

1. A complete transcript of my high school scholastic record. (Gr. 9 to 1st qtr. or sem. of Gr. 12.)
2. A letter of recommendation from a school official which also states my total cumulative GPA (3 ½ years) and CLASS RANK.
3. A personal letter of approximately 150 WORDS explaining my Italian origin, (or I.C.F. membership affiliation of my non-Italian Roman Catholic parents, guardians or grandparents), why my Roman Catholic Faith is important to me and my plans for the future.

FOR I.C.F. USE ONLY

Income__________________________________ Number in Family__________

District______________________________________________________________

I.C.F. Membership: Yes_____ No____ Relationship______________ Br. #_______ City________
FAMILY INFORMATION

Father’s Name___________________________________________ Occupation___________________________________________
Address___________________________________________City________________________State____Zip____
(only if different from applicant)

Mother’s Name___________________________________________ Occupation___________________________________________
Address___________________________________________City________________________State____Zip____
(only if different from applicant)

Name of the Roman Catholic Church you attend___________________________________________ City________________________

Are you or a member of your family a current member of the Italian Catholic Federation?
Yes_______ No________

Name___________________________________________________
Relationship_________________________ Branch #________ City________________________

APPLICANT’S WORK INFORMATION

Are you presently employed? Yes_____ No_______ _______________________________ (if yes, name of employer)

What are some of your job responsibilities? (list below) How many hours per week do you work?____
______________________________________________________________
______________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

TO THE APPLICANT’S PARENTS OR GUARDIANS

1. Ages of your other dependent children and list how many are attending college and the institution of attendance.

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

2. The income level of the family is: A. ______ Under $50,000  B. ______ $50,001 - $100,000
C. ______ $100,001 - $150,000 D. ______ $150,001 and above (Please be sure to check one.)

We certify that the information submitted herewith is true to the best of our knowledge and that ___________________________________________ is a Roman Catholic.

(insert student’s name)

Signature of Parent/Guardian___________________________________________ Date________________

Signature of Applicant___________________________________________ Date________________
ITALIAN CATHOLIC FEDERATION

First Year Scholarship Application 2015

EDUCATING STUDENTS SINCE 1964

$400

I CAME TO LIGHT A FIRE SINCE 1924