

**FOR BRANCH AND DISTRICT USE ONLY**

ITALIAN CATHOLIC FEDERATION SCHOLARSHIP PROGRAM

IF YOU WISH YOUR SCHOLARSHIP RECIPIENT TO BE DESIGNATED FROM  
A SPECIFIC AREA OR HIGH SCHOOL, PLEASE COMPLETE THE FORM BELOW:  
(PLEASE DO NOT LIST STUDENTS)

Area/High School: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

=====  
Number of scholarship(s) **Branch** is donating: \_\_\_\_\_

Branch No. \_\_\_\_\_ Branch Name: \_\_\_\_\_

City: \_\_\_\_\_ Check Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

=====  
Number of scholarship(s) **District** is donating: \_\_\_\_\_

District Name: \_\_\_\_\_

Check Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

=====  
If this is a Memorial Scholarship, please indicate the person in whose memory it is given:  
\_\_\_\_\_

If this scholarship is in Honor of a living person, please indicate in whose honor it is given:  
\_\_\_\_\_

- Note: 1) The judging and selection of the scholarship recipient is at the sole discretion of the Scholarship Committee.  
2) Any monies received after the awarding of scholarships has been completed for that year will be applied to the following year's scholarships.

**MAKE YOUR CHECK PAYABLE TO THE  
"ITALIAN CATHOLIC FEDERATION SCHOLARSHIP FUND"  
AND MAIL BY MARCH 15<sup>th</sup> TO:**

Italian Catholic Federation  
8393 Capwell Drive, Suite 110  
Oakland, CA 94621  
Attn: Scholarships

Give the name of the authorized person to make a decision for your Branch or District in the event additional information is needed on the day of the scholarship judging.

Contact Person: \_\_\_\_\_

Phone Number:\_(\_\_\_\_\_)\_\_\_\_\_ Work or Cell Number:\_(\_\_\_\_\_)\_\_\_\_\_  
Area Code

Branch/District President: \_\_\_\_\_

Phone Number:\_(\_\_\_\_\_)\_\_\_\_\_ Work or Cell Number:\_(\_\_\_\_\_)\_\_\_\_\_  
Area Code