

FOR INDIVIDUAL SCHOLARSHIP DONATIONS ONLY

ITALIAN CATHOLIC FEDERATION
SCHOLARSHIP PROGRAM

Name of Donor/s: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____
Area Code

Check Number: _____ Amount: \$ _____

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

Italian Catholic Federation
675 Hegenberger Road, Suite 230
Oakland, CA 94621

If you wish your scholarship to be given in a designated area, please complete the following:

Area: _____ City: _____ State: _____

If you wish to submit your scholarship on behalf of a living person, or in memory of a deceased loved one, please complete the following:

Donated on Behalf of: _____

Donated in Memory of: _____

Please send the Student's Scholarship Certificate to: (please check one)

Branch No. _____

High School _____

Student's Home Address _____

Donor's Home Address _____

