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 <u>150 WORDS</u> 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, 2016. 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.

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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**:

following High School graduation:	Cell Phone()					
Name	Home Phone()					
Address	City	State_	Zip			
High School	City	State_	Zip			
GPA Class Rank	E-m	ail				
The University/College/School I plan to (If a final decision has not been made, plea		schools that you are co	nsidering.)			
City and State of University/College/So	chool					
The Course of Study/Profession I plan (If a final decision has not been made, plea	to pursue_ ase list some studies	s/professions that you ar	re interested in.)			
Extracurricular/Charitable Activities in	which I have been	involved: (An attachm	ent is allowed.)			
I fully understand the deadline for this this application are <i>CONFIDENTIAL</i> . Scholarship, it will be payable to me following my High School graduatitechnical school.	I also understa upon proof of full-	nd that if I am awar time enrollment, <u>in th</u>	ded a First Year e first Fall Term			
In compliance with the requirements for	or this scholarship,	I submit the following	information:			
 A complete transcript of my high A letter of recommendation from cumulative GPA (3 ½ years) and A personal letter of approximated in the complete in the future. 	m a school officia d CLASS RANK. tely <u>150 WORDS</u> o my non-Italian R	al which also states i explaining my Italian oman Catholic parer	my total origin, (or its, guardians			
	FOR I.C.F. USE ON	LY				
Income	N	lumber in Family				
District						
I.C.F. Membership: Yes No R		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 y	ou attend		City			
Are you or a member of your family a cur	rrent member of	the Italian Cathol	ic Federation?			
Name						
Relationship						
APPLICAN	NT'S WORK	(INFORMAT	TION			
Are you presently employed? Yes	No					
		(if	(if yes, name of employer)			
What are some of your job responsibilitie	es? (list below)	How many hours	s per week do y	ou work?		
TO THE APPLICA 1. Ages of your other dependent childre attendance.	_					
2. The income level of the family is	s: A Uı	nder \$50,000 B.	\$50,00	01 - \$100,000		
C \$100,001 - \$150,000 D	\$150,001	and above (Plea	ase be sure to	check one.)		
We certify that the information submit	ted herewith is	true to the best	of our knowled	dge and that		
(in contrata de attende access)	is a Ro	man Catholic.				
(insert student's name)						
Signature of Parent/Guardian			Date			
Signature of Applicant			Date			

ITALIAN CATHOLIC FEDERATION

First Year Scholarship Application 2016

EDUCATING STUDENTS SINCE 1964

\$400



I CAME TO LIGHT A FIRE SINCE 1924