

**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 15<sup>th</sup> 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 \_\_\_\_\_

