

# Italian Catholic Federation

8393 Capwell Drive, Suite 110

Oakland, CA 94621

(510) 633-9058 ▪ (510) 633-9758 (Fax) ▪ [info@icf.org](mailto:info@icf.org) (E-mail) ▪ [www.icf.org](http://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 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> year of college consecutively. 2<sup>nd</sup> year scholarships are \$500.00, 3<sup>rd</sup> year scholarships are \$600.00 and 4<sup>th</sup> 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 15<sup>th</sup>**, 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 1<sup>st</sup> 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, 2017**. 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:**

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.)

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I fully understand the deadline for this application is **March 15, 2017**, 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 1<sup>st</sup> 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? \_\_\_\_\_

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## 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.

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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 2017

*EDUCATING STUDENTS SINCE 1964*

**\$400**



*I CAME TO LIGHT A FIRE  
SINCE 1924*