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 fultime 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 recipients 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
- ► 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 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 applicants 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, 2018. 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-m	ail					
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								
Extracurricular/Charitable Activities in which I have been involved: (An attachment is allowed.)								
I fully understand the deadline for this application is March 15, 2018 , 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 So technical school.	chool gradu	<u>ation</u> , at an accredit	ed university, colleg	je, junior college or				
In compliance with the requirements for this scholarship, I submit the following information:								
 A complete transcript of my high school scholastic record. (Gr. 9 to 1st qtr. or sem. of Gr. 12.) A personal letter of approximately <u>150 WORDS</u> 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. 3. I learned about th 1 An I.C.	ne Italian Ca F. Member		cholarship from: (ch High Scho	neck all that apply) ol Counselor				
FOR I.C.F. USE ONLY IncomeNumber in Family								
income		N	umber in Family					
District				_				
I.C.F. Membership: Yes	No	Relationship	Br. #	_ City				

FAMILY INFORMATION

Fatheros Name	Occupation					
Address	City		State	Zip		
(only if different from applicant)						
Motheros Name	Occupation					
Address	City_		State	Zip		
Address (only if different from applicant)						
Name of the Roman Catholic Church you	attend		City			
Are you or a member of your family a curren	nt member of	f the Italian Cathol	ic Federation?			
Name						
Relationship						
APPLICANT	'S WOR	(INFORMA	ΓΙΟΝ			
Are you precently employed? Yes	No					
Are you presently employed? Yes1	NO	(if	yes, name of er	mployer)		
What are some of your job responsibilities?	(list bolow)	How many hour	e nor wook do v	ou work?		
what are some or your job responsibilities:	(IISL DEIOW)	riow many nous	s per week do y	ou work!		
TO THE APPLICAN 1. Ages of your other dependent children a attendance.	_					
2. The income level of the family is: A	٠ Ur	nder \$50,000 B.	\$50,00	1 - \$100,000		
C\$100,001 - \$150,000 D	\$150,001	and above (Plea	ase be sure to	check one.)		
We certify that the information submitted	d herewith is	true to the best	of our knowled	dge and that		
•		man Catholic.				
(insert student's name)						
Signature of Parent/Guardian			Date			
Signature of Applicant			Date			
CIGHALUIC OF AUDIDATIL			1.70115			

ITALIAN CATHOLIC FEDERATION

First Year Scholarship Application 2018

EDUCATING STUDENTS SINCE 1964

\$400



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