

**FOR BRANCH AND DISTRICT USE ONLY**

ITALIAN CATHOLIC FEDERATION SCHOLARSHIP PROGRAM

IF YOU WISH YOUR SCHOLARSHIP RECIPIENT TO BE DESIGNATED FROM  
"A SPECIFIC AREA OR HIGH SCHOOL", PLEASE COMPLETE THE FORM BELOW:

(PLEASE DO NOT LIST STUDENTS)

Area/High School: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

In case we do not have any students from the areas or high schools you have requested, please answer the following questions:

1. Would you be willing to give a scholarship to a student from anywhere in your District? Please circle YES or NO

2. Would you be willing to give a scholarship to a student from a Neighboring District(s)? Please circle YES or NO

If YES, which District(s) \_\_\_\_\_

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Number of scholarship(s) **Branch** is donating: \_\_\_\_\_

Branch No. \_\_\_\_\_ Branch Name: \_\_\_\_\_

City: \_\_\_\_\_ Check Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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Number of scholarship(s) **District** is donating: \_\_\_\_\_

District Name: \_\_\_\_\_

Check Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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If this is a Memorial Scholarship, please indicate the person in whose memory it is given:

\_\_\_\_\_

If this scholarship is in Honor of a living person, please indicate in whose honor it is given:

\_\_\_\_\_

Note: 1) The judging and selection of the scholarship recipient is at the sole discretion of the Scholarship Committee.

2) Any monies received after the awarding of scholarships has been completed for that year will be applied to the following year's scholarships.

**MAKE YOUR CHECK PAYABLE TO THE "ITALIAN CATHOLIC FEDERATION" AND MEMO IT 1<sup>ST</sup> YEAR SCHOLARSHIPS. MAIL THE CHECK BY APRIL 1<sup>ST</sup> TO:**

Italian Catholic Federation, 8393 Capwell Drive, Suite 110, Oakland, CA 94621 - Attn: Scholarships

Give the name of the authorized person to make a decision for your Branch or District in the event additional information is needed on the day of the scholarship judging.

Contact Person: \_\_\_\_\_

Phone Number:\_(\_\_\_\_\_)\_\_\_\_\_ Work or Cell Number:\_(\_\_\_\_\_)\_\_\_\_\_  
Area Code

Branch/District President: \_\_\_\_\_

Phone Number:\_(\_\_\_\_\_)\_\_\_\_\_ Work or Cell Number:\_(\_\_\_\_\_)\_\_\_\_\_  
Area Code