

FOR INDIVIDUAL SCHOLARSHIP DONATIONS ONLY

ITALIAN CATHOLIC FEDERATION
SCHOLARSHIP PROGRAM

Name of Donor/s: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____ Work or Cell Number: (_____) _____
Area Code Area Code

E-mail: _____

Check Number: _____ Amount: \$ _____

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

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

If you wish your scholarship recipient to be designated from **a specific District or High School**, please complete the following:

District/High School: _____ City: _____ State: _____

In case we do not have any students from the District or High Schools you have requested, please answer the following questions:

1. 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) _____
2. Would you be willing to give a scholarship to a student from any District? Please circle YES or NO

If you wish to donate your scholarship in honor of a living person, or in memory of a deceased loved one, please complete the following:

Donated in Honor of: _____

Donated in Memory of: _____

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.

Please send the Student's Scholarship Certificate to: (please check one)

Branch No. _____

High School _____

Student's Home Address _____

Donor's Home Address _____