

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 California, Illinois and Reno, Nevada (which also includes the other cities within the Diocese of Reno), 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 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 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 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 your complete assessment explaining the applicant's Italian origin, (or I.C.F. membership affiliation of their non-Italian Roman Catholic parents, guardians or grandparents), plus why the applicant's Roman Catholic Faith is important to him or her and the 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 **April 1, 2024**. 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.)

I fully understand the deadline for this application is **April 1, 2024**, 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 1st qtr. or sem. of Gr. 12.)
- 2. A personal letter of my complete assessment explaining my Italian origin, (or I.C.F. membership affiliation of my non-Italian Roman Catholic parents, guardians or grandparents), plus why my Roman Catholic Faith is important to me and my plans for the future.**
- 3. I learned about the Italian Catholic Federation Scholarship from: (check all that apply)**
 - 1. _____ An I.C.F. Member**
 - 2. _____ Online**
 - 3. _____ High School Counselor**
 - 4. _____ Another Source _____ (i.e. Church Bulletin, Etc.)**

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? _____

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.

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 2024

EDUCATING STUDENTS SINCE 1964

\$400



*I CAME TO LIGHT A FIRE
SINCE 1924*