

**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 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

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)? YES NO  
If YES, which District(s) \_\_\_\_\_
2. Would you be willing to give a scholarship to a student from any District? Please circle YES 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