

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? YES NO

2. Would you be willing to give a scholarship to a student from a Neighboring District(s)? YES 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 1ST YEAR
SCHOLARSHIPS. MAIL THE CHECK BY APRIL 10th 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