

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:_(_____)_____

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 10th 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) _____

City: _____

State

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 Foundation.

Chairman of the Standing Committee on Environment and Sustainable Development, and the Standing Committee on Aboriginal Affairs and Northern Development, will be available.

to the following year's scholarships.