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P.O. Box 2286, Monterey, CA 93942 / [www.MontereyICF.org](http://www.MontereyICF.org) / info.icf36@gmail.com / TIN 23-7641190

**HIGH SCHOOL SCHOLARSHIP GUIDELINES & APPLICATION**

Thank you for your interest in applying for a scholarship from the Italian Catholic Federation, Branch #36. The following will assist you in preparing your scholarship application. Please follow directions carefully and submit your application on or before the deadline of MARCH 15, 2021, as late applications may not be considered.

PURPOSE: The purpose of the Italian Catholic Federation Branch #36 Scholarship Program is to encourage, promote and support student education for family members of the Federation.

SCHOLARSHIP: Scholarships are only available to graduating high school seniors who MUST reside in the Monterey Peninsula or Salinas areas.

ELIGIBILITY: Parents or grandparents MUST be members of the ICF Branch #36 for at least one (1) year. Membership must have been effective on or before January 1, 2020 and paid current through 2021.

Students MUST be at least 17 years of age upon graduating from high school. Students MUST have a Grade Point Average (GPA) of 3.5 or higher. Funding is for students pursuing a college degree. Students should have some service with the ICF Branch #36.

APPLICATION: Applications shall be typed or written in ink and include the latest transcript from the high school they are attending. Write an essay of at least 150 words explaining why you feel you should receive this scholarship. Use separate paper and attach to the application. Applications must be returned no later than March 15, 2021. Please send completed applications to Antonia Ruccello, Scholarship Chairperson, P.O. Box 2286, Monterey, CA 93942. Her phone number is (831) 594-1895, and her email address is aruccello@aol.com.

NOTIFICATION: Applicants will be notified by mail no later than APRIL 30, 2021.

AWARDS: Scholarship awards will be given at the ICF Branch #36 scholarship award ceremony, which will be held in May 2021. Due to the pandemic, the date and time is to be determined. All recipients are expected to attend with their parents and siblings.

I have read and understand the criteria above, and certify that the information I have provided is accurate and correct.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_

**STUDENT INFORMATION**

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Number) (Street) (Apt.)

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Home) (Cell)

e-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Month/Day/Year) (Current Age)

High School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name) (City) GPA)

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 (Counselor) (Phone Number/Ext.)

I plan to be a full-time student, carrying at least 12 units. I plan to attend:

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Write an essay of at least 150 words explaining why you feel you should receive this scholarship. Use separate paper and attach it to the application.

As stated, the application must be accompanied by the very latest high school transcript.

Awards and honors received (include year received). Additional pages may be added if necessary.

**PARENT OR GRANDPARENT INFORMATION**

Member of ICF Branch #36 who is sponsoring this applicant must be a member effective on or before January 1, 2020, and paid through 2021.

Parent/Grandparent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Full Name)

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Number) (Street) (City) (State/Zip Code)

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Home) (Cell) (Work)