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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

**SAN CARLOS SCHOOL**

**ACHIEVEMENT AWARD APPLICATION**

Thank you for your interesting in applying for an award from the Italian Catholic Federation Santa Rosalia / Monterey Branch #36.

In order for a student to be eligible for this award, they must attend San Carlos School and have a parent or grandparent who are members of the ICF Branch #36 for at least one (1) year. Membership in ICF must be effective on or before January 1, 2024 and paid current through 2025.

Achievement Awards will be given yearly as long as ICF Branch #36 funds are available.

PURPOSE: The purpose of this award is to encourage, promote and support student volunteerism and education at San Carlos School.

AWARD: The awards will be given at the ICF #36 scholarship award ceremony which will be held at the San Carlos Hall at a date on May 22, 2025. Family and friends are also encouraged to attend.

APPLICATION: Applications shall be typed or written in ink. Write an essay of at least 100 words explaining why you feel you should receive this award. Use separate paper and attach to the application.

Applications must be returned no later than March 24, 2025 (**NO** **EXCEPTIONS**)! Applicants will be notified by mail as soon as possible after review of applications and approval of awards.

Please list all of your extra-curricular activities performed while attending San Carlos School. Please send completed applications to Sandie Russo, Scholarship Chairperson, 22325 Davenrich Street, Salinas, CA 93908. Phone number (831) 521-4866. (sandie.russo@comcast.net)

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**SAN CARLOS SCHOOL ACHIEVEMENT AWARD APPLICATION**

**(Attach additional page)**

**STUDENT INFORMATION**

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

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

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

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(Month) (Day) (Year) (Current Age)

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPOSORING PARENT OR GRANDPARENT INFORMATION** **(ICF Member)**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ICF Member Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_