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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

**ICF BRANCH #36 SCHOLARSHIP APPLICATION**

Thank you for your interest in applying for a scholarship from the Italian Catholic Federation Monterey 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 24, 2025 (no exceptions).

PURPOSE: The purpose of the Italian Catholic Federation Monterey Branch #36 Scholarship is to encourage, promote and support higher education of students.

SCHOLARSHIP: Scholarships are only available to graduating high school seniors.

ELIGIBILITY: Student or parent(s) or grandparent(s) MUST be members of the ICF Branch #36 for at least one (1) year. Membership must be effective on or before January 1, 2024, and paid through 2025. 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 volunteer 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 24, 2025). Please send completed applications to Sandie Russo, Scholarship Chairperson, 22325 Davenrich Street, Salinas, CA 93908. Phone number (831) 521-4866. (sandie.russo@comcast.net)

NOTIFICATION: Applicants selected will be notified by mail soon after review of applications and approval of awards.

AWARDS: Scholarship awards will be presented at the ICF Monterey Branch #36 scholarship dinner, which will be held at the San Carlos Cathedral Parish Hall on May 22, 2025. All recipients are expected to attend with their families.

Proof of acceptance or enrollment at college/university stated in application must be provided before checks are issued. I have read and understand the criteria above.

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

**ITALIAN CATHOLIC FEDERATION SANTA ROSALIA/MONTEREY BRANCH #36**

**STUDENT SCHOLARSHIP APPLICAITON**

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

 Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Number) (Street) (Apt.)

 City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State/Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Home/Cell/with area code)

 E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Month/Day/Year)

High School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name) (City)

GPA \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Counselor Name/Phone/Ext\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I plan to be a full-time student, carrying at least 12 units. I plan to attend (college/university + city/state):

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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. The application must be accompanied by the very latest high school transcript, please also include awards and honors received (include year received). Additional pages may be added, if necessary.

**ICF SANTA ROSALIA/MONTEREY BRANCH #36: SPONSORING PARENT OR GRANDPARENT INFORMATION**

Member of ICF Branch #36 who is sponsoring this applicant must be a member effective on or before January 1, 2024, with membership paid through 2025.

 Parent(s)/Grandparent(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Full Name)

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

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

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Best way to reach you)

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