**SAN CARLOS SCHOOL ACHIEVEMENT AWARD APPLICATION**

Thank you for your interest in applying for an award from the Italian Catholic Federation 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, 2022 and paid current through 2023.

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 education at San Carlos School.

AWARD: Achievement awards will be presented at the ICF Monterey Branch #36 Scholarship Awards dinner, which will be held at the San Carlos Parish Hall at a date in May 2023 to be determined and announced. All recipients are expected to attend with their families.

APPLICATION: Applications shall be typed or written in ink. Write an essay of at least 150 words explaining why you feel you should receive this achievement award. Use separate paper and attach to the application. Applications must be returned no later than March 17, 2023 (NO EXCEPTIONS)! Applicants will be notified by mail no later than April 6, 2023. Please list all 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)

**SAN CARLOS SCHOOL**

**ACHIEVEMENT AWARD APPLICATION**

**STUDENT INFORMATION**

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

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

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

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

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

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

**PARENTS OR GRANDPARENTS INFORMATION** **(ICF Member)**

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

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

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

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