

FOUNDATION

2020 SCHOLARSHIP APPLICATION

Thank you for your interest in applying for a scholarship from the Festa Italia Foundation

The following will assist you in preparing your scholarship application. Please follow directions carefully and submit your application on or before the deadline of **April 20, 2020**. Applications postmarked after the deadline date will not be considered.

PURPOSE: The purpose of Festa Italia Foundation Scholarships is to

encourage, promote and support deserving students.

SCHOLARSHIPS: Scholarships are only available to graduating high

school students.

ELIGIBILITY: Parent or Grandparent must be a member of Festa Italia.

Applicant must reside on the Monterey Peninsula or Salinas area. Student must be at least 17 years of age at the time of selection. Student must have a Grade Point Average of 3.5 or higher. Funding is for students pursuing college.

APPLICATIONS: Applications should be typed or written in ink.

NOTIFICATION: Applications will be notified by mail no later than May 16, 2020.

AWARDS: Scholarship Awards will be given when we receive verification

of enrollment from the college/university.

APPLICANT INFORMATION

Date			
Last Name	First Name	MI	
Address		Apt#	
City	State	Zip	
Mailing Address (if Different)_		Apt#	
City	State	Zip	
Home Phone	Work PhoneCe l l 1	Phone	
Email			
Date of Birth	Month/Day/Year	Current Age	
High School	City		
High School Telephone		G.P.A	
Counselor Name	Phone	Ext	
Appicant's Status:			
I plan to be a: Part-tim	ne (less than 12 units/credits) stu	ıdent	
☐ Full-tim	e (12 units/credits or more) stud	ent	
Applicant Employed: If yes, Employer Name:	'es □ No		
Length of Employment:			

APPLICANT INFORMATION

Community, Volunteer and Extra	acurricular Activitie	s: List scho	ol, volun	teer,	
tutoring and community activities in which you have participated.					
(Additional pages may be attac	ched if needed)				
Awards and Honors (include year	ar roccived)				
Awards and Honors (include year	•				
(Additional pages may be attac	cnea if needed)				
Please attach a 500 word written e	seav as to why you s	hould be a	varded a	scholarship	
Tiedse dildeli d 300 word willien e.	ssay as to wity you s	noola be a	waraea a	scrioidisinp.	
Parent or Grandparent Informati	ion:				
Full Name					
Address			State	Zip	
Phone Number					
Name of Festa Italia Member					
I have read and understand the	scholarship applic	ation crite	ria		
Print Name of Applicant					
Signature		Date			
Send Application to:					
Festa Italia Scholarships					

P. O. Box 3165 Monterey, CA 93942