

**Fogolar Furlan Club**

**Scholarship Application**

**2011**

# *Fogolar Furlan*

1800 E.C. ROW (N. SERVICE RD.) WINDSOR, ONT. N8W 1Y3    PHONE 966-2230    FAX 966-2237

## **Instructions - Read Carefully**

"The Scholarship Program is designed to provide monetary awards for Members, their spouses and the children of members, in order to further their education in any post-secondary institution in the world, pursuant to guidelines set down by the Corporation from time to time."

The scholarships will be awarded based on marks, Fogolar Club participation, school extracurricular activities, and community service. Before awards are determined, the finalist may be required to have an interview with the Scholarship Committee.

1. This application is to be completed by students entering their first year of college, university or any program of one year or more in length. (Print or type - do not write.)
2. Complete all required information - an incomplete application will not be considered.
3. Forward the following to the Chairman of the Scholarship Committee, Fogolar Furlan Windsor, 1800 E.C. Row Ave East (North Service Road) Windsor, Ontario N8W 1 Y3, phone # (519) 966-2230, no later than the 31st of July of this year.
  - a. This application. Please seal application in an envelope. (Note: **ANY APPLICATIONS POSTMARKED AFTER JULY 31st, WILL NOT BE REVIEWED. NO EXCEPTIONS.**)
  - B **A FINAL official transcript of marks for all secondary school grades completed.** (In the event that a final transcript is unavailable, the February transcript PLUS the final report card will be considered)
  - c. A letter from school officials listing extracurricular activities participated in.
  - d. Any other documentation supporting your extracurricular or community service activities.

# Fogolar Furlan Club Application Form

(Please PRINT or TYPE)

1. Family Name \_\_\_\_\_ Given Names \_\_\_\_\_

2. Street Address \_\_\_\_\_  
City \_\_\_\_\_  
Postal Code \_\_\_\_\_

3. Telephone # \_\_\_\_\_ e-mail Address \_\_\_\_\_

4. Date of birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

5. List the name(s) of the Fogolar Club Member(s) (*mother, father or spouse*) who qualify you to be an applicant. Indicate their relationship to you.

First and Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

First and Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

7 Secondary schools attended, with addresses and dates of attendance:

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8. Date of graduation: \_\_\_\_\_

**9. Fogolar Furlan participation:**

| <b>Activity</b> | <b>Number of Years</b> | <b>Provide specific details about level of involvement/ participation</b> |
|-----------------|------------------------|---|
|                 |                        |   |
|                 |                        |   |
|                 |                        |   |
|                 |                        |   |
|                 |                        |   |
|                 |                        |   |

**10. List all extracurricular activities, including community service, in which you participated while attending secondary school:**

| <b>Activity</b> | <b>Number of Years</b> | <b>Provide specific details about level of involvement/ participation</b> |
|-----------------|------------------------|---|
|                 |                        |   |
|                 |                        |   |
|                 |                        |   |
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11 If you have received or will receive any awards for academic achievement, extracurricular achievement, etc., please describe:

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12. Name and address of institution you will attend

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13. Name of course or program in which you propose to enroll:

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14 .Give the starting date of classes at the institution:

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15 Give the names and addresses and duration of employment for all employers for whom you have worked while attending secondary school (including summer vacations):

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**\*\* NOTE: IF A PACKAGE IS INCOMPLETE, IT WILL NOT BE ELIGIBLE FOR AN AWARD. NO EXCEPTIONS. \*\***

**DECLARATION OF APPLICANT**

I hereby declare that all statements made by me in this application are true, correct and complete. I understand that if any of these statements are found to be false, this application will be null and void. Furthermore, I give my consent to the Scholarship Committee to investigate the information in this application and any school records that pertain to my eligibility for the scholarship award...

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

\*\*\* Note: All information supplied by the applicant will remain confidential.