



SCHOLARSHIP APPLICATION

ALL APPLICATIONS MUST BE POSTMARKED BY: AUGUST 31st.

(The contents of this application are confidential).

To the Scholarship Committee Chairperson:

I, _____ (print name), am hereby applying for a Scholarship from The San Gennaro Foundation. I understand that only scholarship recipients will be notified by September 14th, and are required to attend “Prima Notte” at 5:00pm, the Thursday night before the Precious Cheese Feast of San Gennaro Los Angeles. In support of this application, I submit the following information and certify it to be true and correct, otherwise, the committee may reject the application.

I also understand and agree that if I am awarded a scholarship, it will be payable only upon proof of acceptance at a recognized junior college or accredited college university, public or private, offering academic courses leading to an academic degree.

PLEASE ANSWER ALL QUESTIONS:

(No application will be considered unless all questions are answered. Printing or Typing is recommended).

Name: _____ Birth Date: _____

Address/City/State/Zip: _____

Home Phone: _____ Email Address: _____

High School Name: _____

Address/City/State/Zip: _____

High School Phone: _____ Class Rank: _____ GPA: _____

High School Contact (Counselor or Principal): _____

Phone: _____ Email Address: _____

Which College or University do you plan to attend?

What major or principal study will you pursue?

REQUIREMENT CHECKLIST:

(Please include all items listed below)

- ____ 1. Copy of Social Security Card (required by 501c3).
- ____ 2. Official certification of scholarship standing, SAT/PSAT/ACT scores, GPA and activity records.
- ____ 3. Official Transcript (unopened).
- ____ 4. Printed Essay of 250+ words (with digital copy) on one of the following themes:
 - a. Influence of Italian Culture in your life.
 - b. Influence of Italian-American History in America (and/or) Los Angeles.
- ____ 5. Short bio on future career goals, past or current work experience, extracurricular activities and organizations.
- ____ 6. Teacher Evaluation Form & Letter of Recommendation on school letterhead.
- ____ 7. Letter(s) of Appreciation to SGF-designated scholarship financial contributor:
TO: SAN GENNARO FOUNDATION
- ____ 8. Photograph (with digital color copy) for SGF publications and website.

Applicant Signature: _____ Date: _____

I represent that I am a parent/guardian of the scholarship applicant named above:

Applicant Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Please mail application and all supporting statements/documents in one envelope to:

The San Gennaro Foundation
16217 Kittridge St.
Van Nuys, CA 91406
Attn: Peter Tubiolo / Scholarship Committee Chairman

Questions: Contact (818)508-0082 or info@sangennarofoundation.org