Gulf Coast Italian Culture Society, Inc.

Scholarship Committee

Sandra Russell, Chair;
Phone 267 879 2572 email: gcicsscholarship2023@ gmail.com

To preserve and promote the cultural heritage of our Italian ancestors

APPLICATION FOR $2,0000 **GCICS** SCHOLARSHIP

(PLEASE TYPE OR PRINT)

(A) Applicant's Personals

NAME_____***GENDER***_____

(LAST) (FIRST) (MIDDLE

ADDRESS_____

(NUMBER & STREET)

CITY_____**STATE**_____ZIP_____

TELEPHONE #_____***E-MAIL ADDRESS***_____

DATE of BIRTH_____***Birthplace*** (Town/City/State)_____

_____

(B) Family Data

FATHER'S NAME_____***OCCUPATION***_____

PLACE of EMPLOYMENT_____

MOTHER'S MAIDEN NAME_____***OCCUPATION***_____

PLACE of EMPLOYMENT_____

*If parents' address differs from yours enter theirs here*_____

_____

Enter below the requested information as appropriate for each of your siblings

1. Name_____ **Age**_____ **College** _____

2. Name_____ **Age**_____ **College** _____

3. Other _____

PLEASE NOTE: This Application consist of 5 pages, [Sections (A) - (I)]. Incomplete Applications will **NOT** be considered or returned. Make sure you comply with the Application Guide Check List.

Application must be postmarked no later than March 13, 2027

(C) Scholastic Data

NAME of YOUR HIGH SCHOOL_____

EXPECTED GRADUATION DATE_____

UNWEIGHTED GPA – Year by Year : FR_____; SO_____; JR_____; SR_____

SAT SCORES: VERBAL_____; MATH_____ COMBINED_____

COMPOSITE ACT SCORE:_____

List your participation in School Clubs, Offices and Activities:

_____
_____
_____
_____
_____
_____
_____

(If additional space is needed for any Section, please attach additional sheet listing your name and identifying Section letter and title at top right corner)

(D) Italian Ancestry

(1) Scholarship Recipients must be of Italian heritage (full or partial). Enter below, and on the ancestry chart, as fully as feasible, the ancestral data requested for your stated relatives. If called upon for an interview, please be prepared to discuss your Italian heritage and its personal impact on your life and your family's.

cestry

NAME (Last, First)	**BIRTH PLACE** (City/Town; State or Italian Region; Country)
Your Father's	
Your Mother's (Maiden)	
Your Paternal Grandparents'	
Your Maternal Grandparents'	

(2) Enter such other information, e.g., other ancestors' data you deem appropriate, to establish your Italian descent qualification. Pictures, documents, etc may attached.

2027

(E) Essay

Append your essay, 500-700 words. Topic- **Assess the life and works of Mother Francis Xavier Cabrini, Champion of the Poor and the First US Citizen to be Canonized as a Catholic Saint, and how she contributed to the advancement of our society and made it better.** (Footnotes ad citations, to include sources consulted, shall not be considered in calculating the essay's word limit.)

(F) Colleges & Universities

(1) **List the Colleges & Universities to which you have applied for admission & indicate those that have accepted you:**

_____
_____
_____
_____

(2) **List your planned major and minor concentrations:**
MAJOR_____; MINOR_____

(G) Personal & Community Interests

(1) List Community Organizations & Activities in which you have been involved:

_____
_____
_____
_____

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(2) List your interests, hobbies, pastimes and leisure activities:

_____
_____
_____
_____
_____
_____

(H) Work Experience

List any work experience and indicate if you are currently employed:

_____
_____
_____
_____
_____

(I)Certification & Terms of Award

BY MY SIGNATURE BELOW I, THE APPLICANT, CERTIFY THAT I AM OF ITALIAN DESCENT; THAT I HAVE READ AND UNDERSTAND THE GUIDE TO THE PREPARATION OF THE 2027 APPLICATION AS WELL AS THE REQUIREMENTS OF THE APPLICATION, AND THAT I INTEND TO ENROLL AS A FULL-TIME STUDENT IN AN ACCREDITED INSTITUTION OF HIGHER EDUCATION, IMMEDIATELY UPON GRADUATION FROM HIGH SCHOOL.
I UNDERSTAND THAT ANY UNUSED PORTION OF THE SCHOLARSHIP WILL BE RETURNED TO THE ***GULF COAST ITALIAN CULTURE SOCIETY, Inc. (GCICS)***, IF I CEASE TO ATTEND CLASSES AND/OR WITHDRAW FROM THE SELECTED INSTITUTION, WITHOUT IMMEDIATE ENROLLMENT AND/OR TRANSFER TO ANOTHER ACCREDITED INSTITUTION.
IT IS ALSO UNDERSTOOD THAT UPON SUBMISSION, THE ESSAY BECOMES THE PROPERTY OF GCICS, WHICH MAY BE EDITED, PUBLISHED OR DISPOSED AS THE GCICS SEES FIT. THE APPLICANT MAY BE ASKED TO READ HIS/HER SUBMISSION DURING THE AWARD CEREMONIES. FURTHER, APPLICANT COMMITS TO ATTEND THE SCHOLARSHIP GALA AS A GUEST OF THE GCICS.

_____,2027
(Applicant's Signature & Printed Name) (Date)

_____, 2027_
(Parent's / Guardian's Signature & Printed Name) (Date)

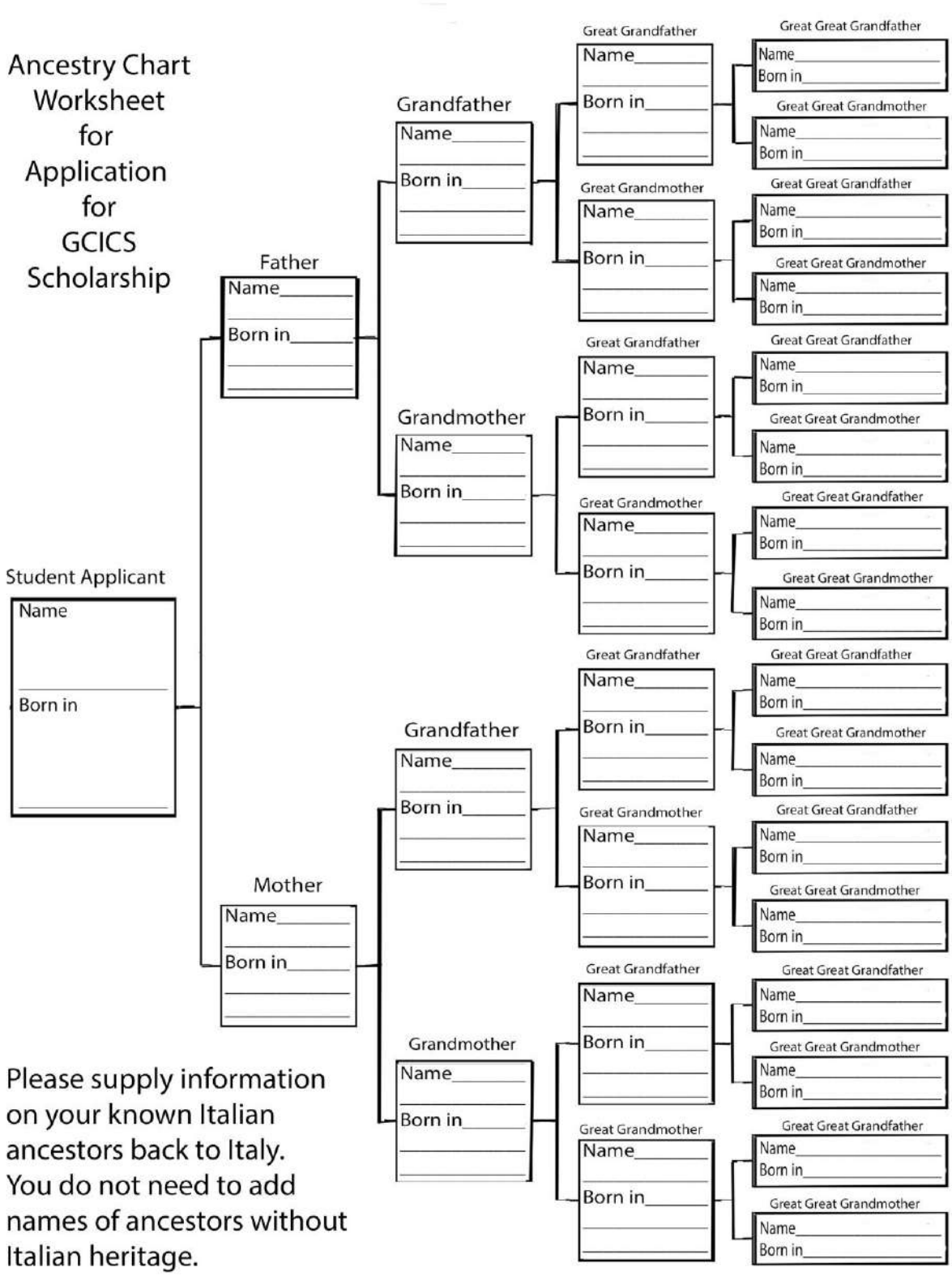
Every item of this application must contain a response. Incomplete applications will neither be considered nor returned. Applicants will be advised when their application has been received by GCICS

Scholarship winners will be notified no later than April 7,2027

MAIL COMPLETED, FOUR (5) PAGE APPLICATION, ON OR BEFORE MARCH 13,2027 WITH THE SUPPORTING DOCUMENTATION SPECIFIED ON THE GUIDE TO 2027 APPLICATION ADDRESSED TO:

Sandra Russell, GCICS Scholarship Chair
5743 Wilena Place
Sarasota, FL., 34238

ABOUT US. Founded in 1990, the Gulf Coast Italian Culture Society, Inc. (GCICS) is an IRS recognized tax exempt §501.(c).(3) non-profit organization whose members spring from all walks of life and ancestral diversity, bonding together to enjoy Italian culture and promote its dissemination and preservation.
The GCICS is also committed to support future community leaders by offering merit scholarship to area college bound high school seniors of (all or partial) Italian ancestry. For additional details on GCICS we invite you to check our website: www.gcics.org.


Ancestry Chart Worksheet for Application for GCICS Scholarship
Student Applicant
Name
Born in
Father
Name
Born in
Mother
Name
Born in
Grandfather
Name
Born in
Grandmother
Name
Born in
Grandfather
Name
Born in
Grandmother
Name
Born in
Great Grandfather
Great Grandmother
Great Great Grandfather
Great Great Grandmother
Name
Born in
Please supply information on your known Italian ancestors back to Italy. You do not need to add names of ancestors without Italian heritage.