



The Giovanni Folcarelli Memorial Scholarship Fund, INC.

TO: All Local Presidents
FROM: Gloria Prevost, GFMSF
DATE: May 11, 2021
RE: The 2021 Giovanni Folcarelli Memorial Scholarship Applications

Applications for the Giovanni Folcarelli Memorial Scholarship are now available at RI Council 94, AFSCME office and on our website www.ricouncil94.org. These applications are only for **High School Seniors** who are members, or whose parent(s) or legal guardian(s) are members of RI Council 94, AFSCME.

Please call RI Council 94, AFSCME at (401) 724-5900 for applications or visit the website as the application is posted on the home page. Our website address is:

www.ricouncil94.org

Interested parties should carefully review and utilize the attached checklist. Be sure to complete all documentation along with the application, paying attention to all the instructions and the **deadline date June 25, 2021**

Incomplete or tardy applications will not be considered.

PLEASE POST

THE GIOVANNI FOLCARELLI MEMORIAL SCHOLARSHIP CHECKLIST

Please note: An incomplete and/or tardy application **will not** be considered.
Packet must be postmarked no later than June 25, 2021

Eligibility: High School Seniors who are members of RI Council 94, AFSCME or have a parent(s) or legal guardian(s) that are members.

	Applicant Scholarship Application
	Parent, Grandparent { <u>must be currently employed in a RI Council 94 union position</u> } or Legal Guardian Scholarship Application
	RI Council 94, AFSCME Membership Card or proof of membership. You may contact RI Council 94, AFSCME Headquarters at 401-724-5900 to obtain your membership information.
	High School Application (completed by Principal, counselor or teacher)
	High School Transcript
	SAT or ACT results
	Two (2) Letters of Recommendation
	Comprehensive Personal Essay – Content to include what the union has meant to your family and why that is important in today’s society. “Why are Unions important in family and in today’s society?”

Place all documentation in one envelope, mark envelope in the lower left corner “APPLICATION”, be sure that it is **postmarked no later than June 25, 2021** applications will not be accepted if postmarked after this date.

APPLICATIONS MUST BE MAILED TO THIS ADDRESS ONLY:

The Giovanni Folcarelli Memorial Scholarship Fund, Inc.
1179 Charles Street
North Providence, RI 02904

**Postmarked no later than
June 25,2021**

GIOVANNI FOLCARELLI MEMORIAL SCHOLARSHIP

To be completed by the Applicant

Applicant Personal Information (Please print)

Applicants Full Name:

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Home Phone: ()

Work Phone: ()

Alternate Phone ()

E-mail Address:

Date of Birth:

Social Security Number

Graduation Date

In what activities did you participate in High School?

List any offices held or honors received in these activities:

List any academic honors which you may have received:

Indicate universities or colleges you have been accepted to attend or applied for acceptance:

Comprehensive Personal Essay – Content to include what the union has meant to your family and why that is important in today's society entitled "Why are Unions important in family and in today's society?"

APPLICANT SIGNATURE:

Date:

APPLICATION DEADLINE: JUNE 25, 2021

**GIOVANNI FOLCARELLI MEMORIAL SCHOLARSHIP
PROOF OF MEMBERSHIP APPLICATION**

RI Council 94, AFSCME MEMBER (Parent, Grandparents {must be currently employed in a RI Council 94 union position}, Legal Guardian or Applicant)

**Personal Information
(Please Print)**

Member Full Name:									
			<i>Last</i>			<i>First</i>		<i>M.I.</i>	
Address:									
<i>Street Address</i>							<i>Apartment/Unit #</i>		
<i>City</i>			<i>State</i>			<i>ZIP Code</i>			
Home Phone: ()			Work Phone: ()			Alternate Phone ()			
Social Security Number:			Email Address:						
CHECK ONE:	PARENT		GRANDPARENT (must be currently employed by C94 union position)			Legal Guardian		Applicant	
Work Location / Local Name:									
Local address:									
City - State - Zip									
Local Number:			AFSCME Member ID:						

*Attach proof of membership such as a COPY of your AFSCME membership Card or pay stub showing dues deductions.
Feel Free to contact the RI Council 94, AFSCME Office to obtain copy of membership information.*

**RI Council 94, AFSCME
1179 Charles Street
North Providence, RI 02904
Phone (401) 724-5900**

**Application deadline:
JUNE 25, 2021**

Member's Signature :	Date:
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GIOVANNI FOLCARELLI MEMORIAL SCHOLARSHIP

To be completed by the High School

TO BE COMPLETED BY THE HIGH SCHOOL

Dear School Representative:

This student is an applicant for the Giovanni Folcarelli memorial Scholarship. As an aid in the selection process, it is necessary that the Selection Committee receive the information regarding the student's character, ability and performance sought in this High School Report. The information will be used only by the Selection Committee. It is very important that this report be completed and returned to the applicant so that the entire application can be forwarded to the Giovanni Folcarelli Memorial Scholarship Fund, Inc.

POST MARKED NO LATER THAN JUNE 25, 2021

PLEASE PRINT OR TYPE

Name of School: _____

_____ *Address*

_____ *City*

_____ *State*

_____ *ZIP Code*

Phone: () _____

Fax () _____

Email _____

Who is rating the student?

Name: _____

Relationship (e.g.,
Principal, teacher, counselor

Length of
Relationship

What is your general evaluation of this student?

Sometimes special circumstances should be considered when evaluating a student's achievement record and test scores. Please specify.

GIOVANNI FOLCARELLI MEMORIAL SCHOLARSHIP
To be completed by the High School

Other Comments:

PLEASE INCLUDE RESULTS OF THE SCHOLASTIC APITUDE TEST (SAT) OR AMERICAN COLLEGE TEST (ACT)

GPA		CLASS SIZE		CLASS RANKING	
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ATTACH A TRANSCRIPT OF THE STUDENT'S GRADES. INCLUDE AN EXPLANATION OF THE MARKING SYSTEM USED.

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SIGNATURE

TITLE

DATE