The Giovanni Folcarelli Memorial Scholarship Fund, INC.

TO:

All Local Presidents

FROM:

Gloria Prevost, GFMSF

DATE:

May 3, 2023

RE:

The 2023 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 30, 2023

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 30, 2023

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, <u>Grandparent {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 <u>postmarked no later than June 30, 2023</u> applications will not be accepted if postmarked after this date.

<u>APPLICATIONS MUST BE MAILED TO THIS ADDRESS ONLY:</u>

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

Postmarked no later than June 30, 2023

GIOVANNI FOLCARELLI MEMORIAL SCHOLARSHIP To be completed by the Applicant

Applicant Personal Information (Please print)						
A						
Applicants Full Name	Last			First	М.	I,
Address:						
	Street Address				Ар	artment/Unit#
	City	•	<u> </u>	State		ZIP Code
Home	City	Work		Alternate		
Phone: ()		Phone: ()	Phone	()	
E-mail Address:					Г	
Date of Birth:		Social Security Number			Graduation Date	
In what activities did	l you participate	in High School?				
						
List any offices held	or honors receive	ed in these activities:				
List any academic ho	onors which you	may have received:				
Indicate universities	or colleges you	nave been accepted to atte	and ou applied for an			
indicate universities	or coneges your	iave been accepted to atte	ad or applied for acc	ceptance:		<u> </u>
					•	
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 SIGNA	ATURE:		Date:			

APPLICATION DEADLINE: June 30, 2023

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:							
		Last			First	M.I.	
Address:		2 411			4.	(77.). (1	
	Street Address				Apariment/Unit #		
		· · · · · · · · · · · · · · · · · · ·			8	am o l	
		City			State	ZIP Code	
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:	1	positiony					
Local address:							
City – State – Zip							
Local Number:	AFSCME Member ID:						
		1179 C North Provi	ME Office to d til 94, AFSC harles Stree	obtain copy of n CME et 202904			
Application deadline:							
JUNE 30, 2023							
Member's Signatur	re:	Dat	e:				

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.

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PLEASE PRINT OR TYPE						
Name of School:						
	Address					
		State	ZIP Code			
Phone: ()	Fax ()	Email				
Who is rating the stud	lent?					
]	Name:					
Relationship Principal, teacher, cou	(e.g. nselor	Length of Relationship				
What is your general e	valuation of this student?					
						
Sometimes special circumstances should be considered when evaluating a student's achievement record and test scores. Please specify.						
						
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GIOVANNI FOLCARELLI MEMORIAL SCHOLARSHIP To be completed by the High School

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Other Co	omments:					
Officer Co	minents;			·		
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PLEA	SE INCLUDE RI	ESULTS OF THE SCH	OLASTIC APITUDE TES	T (SAT) OR AMERICA	N COLLEGE TEST (ACT)	
GPA		CLASS SIZE		CLASS RANKING		
ATTACH A TRANSCRIPT OF THE STUDENT'S GRADES. INCLUDE AN EXPLANATION OF THE MARKING SYSTEM USED.						
SIGNATU	DE		TITLE	DA	ירוידי	
SIGNATU	KL		TIFUS	DA	.IE	
I						