



THE DA VINCI SCHOLARSHIP FUND

INSTRUCTIONS

The Da Vinci Scholarship Fund awards scholarships to young men and women of Italian descent with residence of record within the Cincinnati Metropolitan Statistical Area. Applicants can be a student enrolled in an undergraduate, graduate or trade school program at an accredited institution or a senior in high school with a letter of acceptance from an accredited institution.

Awards are to be made on the following basis: financial need, academic performance, community service, personal essay, participation in a panel interview.

The enclosed application must be completed in its entirety. If there is an area that does not seem to apply to you, please mark it as such.

All applications must be postmarked or emailed no later than August 31, 2023. No other application will be considered after August 31, 2023. The winner(s) of the award will be notified no later than November 1, 2023.

Students may reapply each year for a scholarship.

Upon completion, please mail or email your application and all other required materials to:

Da Vinci Scholarship/GCF

720 E Pete Rose Way, Ste 120

Cincinnati, OH 45202 c/o Lori Beiler

Scholarships@gcfdn.org

All information gathered will be held in total confidence. No applications or accompanying materials will be returned. All incomplete applications and materials will disqualify the applicant from further consideration.

Personal Essay/Italian Heritage

Please include a typed essay on a separate sheet (no more than (1) one page) on how your Italian heritage has shaped, played a role in, and influenced your life. Include in the essay why this scholarship is important to you and what your personal goals are with respect to your education emphasizing how this scholarship will add to your personal financial objective in completing your educational goals.

Transcripts

Transcripts used for university acceptance and/or course work completed (with grades) at the university level must be included with this application.

Document Presentation

Please do not use elaborate bindings or folders. Documents submitted will not be returned. Please collate all materials and secure with a staple in the left corner. Print legibly.

Full Time Students

Students must be accepted at or currently enrolled in an accredited school or college. Proof of full-time enrollment from the chosen college or school must accompany this application.

Please sign below signifying that all information included in and with this application is true and accurate. Any information found to be fictitious or erroneous will cause the scholarship application to be forfeited and may result in criminal or civil prosecution.

All scholarship awards will be issued to the college or school of higher learning that you are attending or to the government agency for student loans

The Da Vinci Advisory Committee is the final arbiter of any disputed issue.

I certify that the information contained in this scholarship application is true and accurate. I authorize The Da Vinci Scholarship to contact any individual or entity listed in my application to verify the accuracy of the information provided:

Signature

Date

Print Name

The Da Vinci Scholarship Fund

Date of Application: _____

School Information:

Accredited School or College you attended during the _____ school year:

Name: _____

Address: _____

City: _____ State _____ Zip: _____

Business Office Phone Number: (Area) _____

Area of Study/Major: _____

GPA: _____ Your Current Status: freshman, sophomore, junior, senior

School Information:

List any financial assistance (scholarships, grants, or other assistance from a current or future employer) you currently receive which you are not required to repay:

Name of the college or school where you plan to use this scholarship if granted:

Name: _____

Address: _____

City: _____ State _____ Zip: _____

Business Office Phone Number: (Area) _____

Area of Study/Major: _____

Attach proof of registration and official grade transcripts for any college you have attended or currently attend. If you are going to transfer to another college, please attach proof of registration to this packet. (REQUIRED)

High School Information

High School Attended: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: (Area) _____

Year of Graduation _____ GPA: _____

SAT Score _____ ACT Score _____

Attach High School Transcripts (Required)

Financial Information

How many jobs do you work: _____

Job 1:

Do you work: () full Time () part-time () summer only

Place of work: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number _____

Manager or direct supervisor _____

Number of hours worked per week _____

Job Description and duties:

May we contact your employer: () Yes () No Best time to contact your employer _____

Job 2

Do you work: () full Time () part-time () summer only

Place of work: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: (Area) _____

Manager or direct supervisor _____

Number of hours worked per week _____

Job Description and duties:

May we contact your employer () Yes () No. Best time to contact your employer: _____

(Attach additional sheets if needed)

Your Gross Annual Income from all sources: _____

Despite work, I rely on my family's financial assistance () Yes () No

Family Information

Father's Name: _____

Mother's Name: _____

Are both your parents living? _____

If not, which is deceased and how long?

Family Information

Father's Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Place of Employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number _____ Years employed _____

Gross Annual Salary: _____

Mother's Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Place of Employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number _____ Years employed _____

Gross Annual Salary: _____

Name of Siblings

Age

School Attending

Total Annual Family Income From all Sources: _____