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 June 1, 2024. No other application will be considered after June 1, 2024.

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.
The Da Vinci Scholarship Fund

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: __________________________

Full Name: __________________________

Address: __________________________

City: __________________________ State ________ Zip: ________

Phone Number: (Area)______________ Cell: __________________

Email: __________________________ Date of Birth: _____________

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:

________________________________________________________________________

________________________________________________________________________
The Da Vinci Scholarship Fund

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)
The Da Vinci Scholarship Fund

*Community Service, particularly service to the Italian community*

School, Church, and Volunteer Related Extracurricular Activities:

(Attach additional sheets if needed)
The Da Vinci Scholarship Fund

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: ______
The Da Vinci Scholarship Fund

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: _________________
The Da Vinci Scholarship Fund

Mother’s Address: ________________________________

City: ______________________ State: _________ Zip: ______

Phone Number: _____________________________

Place of Employment: ________________________________

Address: ________________________________

City: __________________________ State: _________ Zip: ______

Phone number _________________ Years employed __________

Gross Annual Salary: ________________

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<th>Name of Siblings</th>
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Total Annual Family Income From all Sources: ________________