

The Giovanni Folcarelli Memorial  
Scholarship Fund, Inc.  
1179 Charles Street, North Providence, RI 02904  
401-724-5900

TO: All Local Presidents  
FROM: Committee Members  
DATE: January 26, 2026  
RE: The 2026 Giovanni Folcarelli Memorial Scholarship Applications

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Applications for the Giovanni Folcarelli Memorial Scholarship are now available at RI Council 94 Office 1179 Charles Street North Providence RI 02904, by email at [scholarship@ricouncil94.org](mailto:scholarship@ricouncil94.org), and on our website at [www.ricouncil94.org](http://www.ricouncil94.org). These applications are only for **high school seniors** who are RI Council 94, AFSCME, AFL-CIO members, or whose parent(s), legal guardian(s), or grandparent(s) are members of Council 94 in good standing and in a current Council 94 position.

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 of **February 23, 2026**. Completed applications can be emailed to: [scholarship@ricouncil94.org](mailto:scholarship@ricouncil94.org), mailed, or dropped off at the RI Council 94 Office.

**Incomplete or tardy applications will not be considered.**

**PLEASE POST**

# **THE GIOVANNI FOLCARELLI MEMORIAL SCHOLARSHIP**

## **CHECKLIST**

**Please note:** An incomplete or late application **will not** be considered.  
**Packets must be postmarked, e-mailed or dropped off to the RI Council 94 Office no later than February 23, 2026.**

**Eligibility:** High School Seniors who are members of RI Council 94, AFSCME, AFL-CIO, or have parent(s), legal guardian(s), or grandparent(s) that are a member in good standing and in a current Council 94 position.

	Scholarship Application
	Parent, Legal Guardian, or Grandparent, must be a member in good standing, in a current RI Council 94 position, and listed in the Scholarship Application
	RI Council 94, AFSCME, AFL-CIO Membership Card or proof of membership. You may contact RI Council 94, AFSCME at 401-724-5900 or e-mail: <a href="mailto:membership@ricouncil94.org">membership@ricouncil94.org</a> 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: “Why is the union important to my family, especially in today’s society?” Include examples of how union membership has specifically impacted your family.

### How to submit applications:

1. E-mail completed packet (with all pages) to: [Scholarship@ricouncil94.org](mailto:Scholarship@ricouncil94.org);
2. Place all documentation in one envelope, mark the envelope in the lower left corner “APPLICATION”, and mail to: The Giovanni Folcarelli Memorial Scholarship Fund, Inc, 1179 Charles Street, North Providence, RI 02904.
3. Place all documentation in one envelope, mark the envelope in the lower left corner “APPLICATION,” and drop off at the RI Council 94, 1179 Charles Street, North Providence, RI 02904.

**Applications must be postmarked, e-mailed or dropped off no later than February 23, 2026**

**Giovanni Folcarelli Memorial Scholarship – to be completed by Applicant**  
**Applicant Personal Information (Please print or type)**

Applicants Full  
Name:

*Last*

*First*

*M.I.*

Address:

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

Cell  
Phone: ( )

Work  
Phone: ( )

Alternate  
Phone ( )

E-mail  
Address:

Date of Birth:

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:**

**Attach Comprehensive Personal Essay – “Why is the union important to my family, especially in today’s society?” Include examples of how union membership has specifically impacted your family.**

**APPLICANT SIGNATURE:**

**Date:**

**Giovanni Folcarelli Memorial Scholarship – to be completed by  
RI Council 94, AFSCME MEMBER (Applicant, Parent,  
 Legal Guardian, or Grandparent - Grandparents [must be currently employed in a  
 RI Council 94 union position and a member in good standing].  
 (Please Print or type)**

Member  
Full Name:

*Last*

*First*

*M.I.*

Address:

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

Home Phone:

(     )

Work Phone:

(     )

Alternate  
Phone

(     )

Social Security  
Number:

Email Address:

CHECK ONE:

PAREN  
T

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:

Member's Signature :

Date:

*Attach proof of membership, such as a COPY of your AFSCME membership Card or pay stub showing dues deductions.*

*Feel Free to contact 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; [membership@ricouncil94.org](mailto:membership@ricouncil94.org)**

**Application due by February 23, 2026**

**Giovanni Folcarelli Memorial Scholarship**  
**TO BE COMPLETED BY THE HIGH SCHOOL (Please print or type)**

**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.**

**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.**

**Other Comments:**

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

GPA

CLASS SIZE

CLASS RANKING

**ATTACH A TRANSCRIPT OF THE STUDENT'S GRADES. INCLUDE AN EXPLANATION OF THE MARKING SYSTEM USED.**

**SIGNATURE**

**TITLE**

**DATE**