

The Giovanni Folcarelli Memorial
Scholarship Fund, Inc.
1179 Charles Street, North Providence, RI 02904
401-486-1995

TO: All Local Presidents
FROM: Committee Members
DATE: February 14, 2025
RE: The 2025 Giovanni Folcarelli Memorial Scholarship Applications

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, and on our website at 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 **March 15, 2025**. **Completed applications can be emailed to: 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 March 15, 2025

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: membership@ricouncil94.org 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;
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 March 15th, 2025

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:

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Date of Birth:

	Graduation Date	
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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.

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APPLICANT SIGNATURE:

Date:

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**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:									
<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:					
Member's Signature :						Date:			
<p><i>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.</i></p> <p>RI Council 94, AFSCME, 1179 Charles Street, North Providence, RI 02904 Phone (401) 724-5900; membership@ricouncil94.org</p>									

Application due by March 15, 2025

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
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