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 <u>March 15, 2025</u>. 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:	11991	realit i erso	nar milori	macion (Treas		, 50	
T WILLS.	Last				Fir	st	M.I.
Address:							
	Street Address						Apartment/Unit #
	City				Sta	te.	ZIP Code
Cell	City	Work			Alternate		Zii Gone
Phone: ()	Phone:	()		Phone	()	
E-mail			, ,			, ,	
Address:							
				Graduation			
Date of Birth:				Date			
In what activitie	s did you participate	in High Scho	ol?				
	-	-					
List any offices h	List any offices held or honors received in these activities:						
List any academi	ic honors which you	may have rece	eived:				
	·						
Indicate univers	ities or colleges you l	nave been acc	epted to att	end or applied f	or acceptance	2:	
	3 7		•		•		
Attach Comprehen	sive Personal Essay -	- "Why is the	union impo	ortant to my fami	ily, especially	in today's	society?" Include examples
of how union membership has specifically impacted your family.							
APPLICANT SIG	GNATURE:			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 # State City ZIP Code Work Phone: Home Phone: Alternate Phone Social Security **Email Address:** Number: GRANDPARENT PAREN (must be currently Legal Τ employed by C94 Guardian Applicant CHECK ONE: union position) 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 202904 Phone (401) 724-5900; membership@ricouncil94.org

Application due by March 15, 2025

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: ()	Fa	ıx <u>(</u>)		Email			
Who is rating the stu	ıdent?						
	ame:						
Relationship Principal, teac couns	cher,			Length of Relationship			
What is your general e		s student?			1		
vviiut 15 your general c		o ottacii.					
Sometimes special circ Please specify.		ıld be considere		g a student's achi	evement record and test scores.		
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nments:								
PLEASE INCLUDE RESULTS OF THE SCHOLASTIC APITUDE TEST (SAT) OR AMERICAN COLLEGE TEST (ACT)								
	CLASS SIZE		CLASS RANKING					
ATTACH A TRANSCRIPT OF THE STUDENT'S GRADES. INCLUDE AN EXPLANATION OF THE MARKING SYSTEM USED.								
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		E INCLUDE RESULTS OF THE SCHO CLASS SIZE ACH A TRANSCRIPT OF THE STUE	E INCLUDE RESULTS OF THE SCHOLASTIC APITUDE TEST CLASS SIZE ACH A TRANSCRIPT OF THE STUDENT'S GRADES. INCLUSYSTEM USED.	E INCLUDE RESULTS OF THE SCHOLASTIC APITUDE TEST (SAT) OR AMERICA CLASS SIZE CLASS RANKING ACH A TRANSCRIPT OF THE STUDENT'S GRADES. INCLUDE AN EXPLANATI SYSTEM USED.				