

**IBC Foundation Scholarship Application**

Name \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (cell) \_\_\_\_\_ (Home) \_\_\_\_\_

Email \_\_\_\_\_

Please identify Italian lineage

Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_

Provide Italian surnames in your lineage and other pertinent lineage information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What school, academic level and major (optional) will you be in the fall?

Freshman (undergraduate)

\_\_\_\_\_  
\_\_\_\_\_

Sophomore-Senior

(undergraduate)

\_\_\_\_\_

Postgraduate

(Describe)

\_\_\_\_\_  
\_\_\_\_\_

---

**For official use only**

Number: \_\_\_\_\_

Date postmarked: \_\_\_\_\_

Date received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Email or mail completed application package to:

IBC Foundation, Attn: Claude Bonfiglio

955 Willamette Falls Drive, West Linn, OR 97068

Email: cbon49@yahoo.com