

2019 IBC Foundation Scholarship Application

Name: _____

Address (home)

Street _____

City _____ State _____ Zip Code _____

Address (alternate school address)

Street _____

City _____ State _____ Zip Code _____

Phone (cell) _____ Phone (home) _____

Email address: _____

Please identify Italian lineage

Mother _____ Father _____ Both _____

Please provide Italian surnames in your lineage

What academic level and major (optional) will you be in the fall of 2019?

Freshman (undergraduate) _____

Sophomore-Senior (undergraduate) _____

Post graduate _____

For official use only

Number _____

Date postmarked _____

Date received _____

Date processed _____

mail application to: IBC Foundation
attn: Claude Bonfiglio
955 Willamette Falls Dr
West Linn, Or 97968