



## FOGOLÂR FURLAN DI CALGARY SCHOLARSHIP IN ITALIAN STUDIES



### Fogolâr Furlan di Calgary

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The Fogolâr Furlan di Calgary is one of sixteen similar associations in Canada whose founding members originate from the region of Friuli-Venezia Giulia in Italy. One of the mandates of our association is the preservation of our language and, as such, we are pleased to offer this scholarship to students of Italian in Canada. Our founding members emigrated from their homeland because they sought opportunity and advancement in a new country. They worked hard for the interests of their families and the pursuit of a post-secondary education was something sought for their children. Therefore, it is only fitting that the Fogolâr Furlan di Calgary would establish a scholarship endowment that would promote education and financially assist students who wish to study Italian.

- VALUE:** One award at \$1,500 (applied directly to tuition)
- CONDITIONS:** Applicants must be an Alberta resident (either a permanent resident of Alberta or a permanent resident studying full-time at a post-secondary outside the province). Major or minor in Italian Studies Entering second, third or fourth year. GPA 3.0 or higher in previous year's studies.
- APPLY TO:** FOGOLÂR FURLAN DI CALGARY SCHOLARSHIP  
c/o Student Awards Administrator  
The Calgary Foundation  
700, 999 8th Street SW  
Calgary, AB T2R 1J5  
Fax: 403-802-7701  
Email: [studentawards@thecalgaryfoundation.org](mailto:studentawards@thecalgaryfoundation.org)
- DEADLINE:** Applications must be received by June 30 each year in order to be considered for the upcoming academic year.



## FOGOLÂR FURLAN DI CALGARY SCHOLARSHIP IN ITALIAN STUDIES

APPLICATION FORM. DEADLINE: JUNE 30

### **PERSONAL INFORMATION (Please Print)**

STUDENT ID #: \_\_\_\_\_ SIN: \_\_\_\_\_

NAME: Ms.  Mr.  Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Permanent Home Address: Same as above  or

\_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

BIRTH DATE (mm/dd/yy): \_\_\_\_\_

IMMIGRATION STATUS: Canadian  Permanent Resident  Student Visa VISA

NAME AND LOCATION OF HIGH SCHOOL: \_\_\_\_\_

\_\_\_\_\_

YEAR COMPLETED: 1st  2nd  3rd  4th  OTHER

Faculty: \_\_\_\_\_ Major: \_\_\_\_\_

FOR THE UPCOMING YEAR SPECIFY:

Faculty: \_\_\_\_\_ Major: \_\_\_\_\_

Minor: \_\_\_\_\_ Degree: \_\_\_\_\_

Year Entering: 1st  2nd  3rd  4th  OTHER

IN WHICH SESSION DO YOU PLAN TO BE REGISTERED FULLTIME:

Fall:  Winter:







## **PRIVACY AND CONSENT**

The Calgary Foundation respects your privacy. For detailed information regarding the Foundation's privacy policy, please call 403-802-7716.

The information that I provided for this application is true, accurate and complete.

I am aware that providing incomplete or false information will be considered fraud and will affect my ability to access future funding.

I authorize The Calgary Foundation to access student information maintained by my high school and the post-secondary institution that I will and/or am attending for the purpose of determining and verifying eligibility for, and the general administration of the award(s) for which I have applied. I am aware that the granting of these awards is subject to conditions listed in my acceptance letter.

I authorize the Selection Committee to contact my references if needed.

I authorize The Calgary Foundation to distribute this application to the Selection Committee for review.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **CONSENT FOR PUBLIC RECOGNITION OF STUDENT AWARD RECIPIENT**

Signing this consent form permits The Calgary Foundation to publicly recognize the achievement of the student as a recipient of the award.

If selected for an award, consent is given to The Calgary Foundation to publish the student's name, school location with award(s) received, future post-secondary plans and excerpts from answers to the essay question contained in the application form. This and celebrating recognition may take place at public award ceremonies or be displayed publicly in one or more ways including but not limited to newspaper, school newsletter, and yearbook for the purpose of recognizing student accomplishment(s). It is understood that not signing this consent will not prejudice the consideration of student award applications.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

It is your responsibility to ensure that all relevant information has been included or attached. Incomplete applications may not be considered.