



## THE DA VINCI SCHOLARSHIP FUND

### INSTRUCTIONS

The Da Vinci Scholarship Fund awards scholarships to young men and women of Italian descent with residence of record within the Cincinnati Metropolitan Statistical Area. Applicants can be a student enrolled in an undergraduate, graduate or trade school program at an accredited institution or a senior in high school with a letter of acceptance from an accredited institution.

Awards are to be made on the following basis: financial need, academic performance, community service, personal essay, participation in a panel interview.

The enclosed application must be completed in its entirety. If there is an area that does not seem to apply to you, please mark it as such.

All applications must be postmarked or emailed no later than June 9, 2025. No other application will be considered after June 9, 2025.

Students may reapply each year for a scholarship.

Upon completion, please mail or email your application and all other required materials to:

Da Vinci Scholarship/GCF

720 E Pete Rose Way, Ste 120

Cincinnati, OH 45202 c/o Julie Dierker

[Scholarships@gcfdn.org](mailto:Scholarships@gcfdn.org)

All information gathered will be held in total confidence. No applications or accompanying materials will be returned. All incomplete applications and materials will disqualify the applicant from further consideration.

# **The Da Vinci Scholarship Fund**

## **Personal Essay/Italian Heritage**

Please include a typed essay on a separate sheet (no more than (1) one page) on how your Italian heritage has shaped, played a role in, and influenced your life. Include in the essay why this scholarship is important to you and what your personal goals are with respect to your education emphasizing how this scholarship will add to your personal financial objective in completing your educational goals.

## **Transcripts**

Transcripts used for university acceptance and/or course work completed (with grades) at the university level must be included with this application.

## **Document Presentation**

Please do not use elaborate bindings or folders. Documents submitted will not be returned. Please collate all materials and secure with a staple in the left corner. Print legibly.

## **Full Time Students**

Students must be accepted at or currently enrolled in an accredited school or college. Proof of full-time enrollment from the chosen college or school must accompany this application.

Please sign below signifying that all information included in and with this application is true and accurate. Any information found to be fictitious or erroneous will cause the scholarship application to be forfeited and may result in criminal or civil prosecution.

All scholarship awards will be issued to the college or school of higher learning that you are attending or to the government agency for student loans

The Da Vinci Advisory Committee is the final arbiter of any disputed issue.

I certify that the information contained in this scholarship application is true and accurate. I authorize The Da Vinci Scholarship to contact any individual or entity listed in my application to verify the accuracy of the information provided:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

# The Da Vinci Scholarship Fund

**Date of Application:** \_\_\_\_\_

Full Name: \_\_\_\_\_

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

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

Phone Number: (Area) \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**School Information:**

Accredited School or College you attended during the \_\_\_\_\_ school year:

Name: \_\_\_\_\_

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

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

Business Office Phone Number: (Area) \_\_\_\_\_

Area of Study/Major: \_\_\_\_\_

GPA: \_\_\_\_\_ Your Current Status: freshman, sophomore, junior, senior

**School Information:**

List any financial assistance (scholarships, grants, or other assistance from a current or future employer) you currently receive which you are not required to repay:

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## **The Da Vinci Scholarship Fund**

Name of the college or school where you plan to use this scholarship if granted:

Name: \_\_\_\_\_

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

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

Business Office Phone Number: (Area) \_\_\_\_\_

Area of Study/Major: \_\_\_\_\_

Attach proof of registration and official grade transcripts for any college you have attended or currently attend. If you are going to transfer to another college, please attach proof of registration to this packet. (REQUIRED)

### **High School Information**

High School Attended: \_\_\_\_\_

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

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

Phone number: (Area) \_\_\_\_\_

Year of Graduation \_\_\_\_\_ GPA: \_\_\_\_\_

SAT Score \_\_\_\_\_ ACT Score \_\_\_\_\_

Attach High School Transcripts (Required)



# The Da Vinci Scholarship Fund

## Financial Information

How many jobs do you work: \_\_\_\_\_

**Job 1:** Do you work: ( ) full Time ( ) part-time ( ) summer only.

Place of work: \_\_\_\_\_

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

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

Phone number \_\_\_\_\_

Manager or direct supervisor \_\_\_\_\_

Number of hours worked per week \_\_\_\_\_

Job Description and duties:

\_\_\_\_\_

May we contact your employer: ( ) Yes ( ) No Best time to contact your employer \_\_\_\_\_

**Job 2:** Do you work: ( ) full Time ( ) part-time ( ) summer only.

Place of work: \_\_\_\_\_

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

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

Phone number: (Area) \_\_\_\_\_

Manager or direct supervisor \_\_\_\_\_

Number of hours worked per week \_\_\_\_\_

Job Description and duties:

\_\_\_\_\_

May we contact your employer ( ) Yes ( ) No. Best time to contact your employer: \_\_\_\_\_

## The Da Vinci Scholarship Fund

Your Gross Annual Income from all sources: \_\_\_\_\_

Despite work, I rely on my family's financial assistance ( ) Yes ( ) No

### Family Information

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Are both your parents living? \_\_\_\_\_

If not, which is deceased and how long?

\_\_\_\_\_

### Family Information

Father's Address: \_\_\_\_\_

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

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

Place of Employment: \_\_\_\_\_

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

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

Phone number \_\_\_\_\_ Years employed \_\_\_\_\_

Gross Annual Salary: \_\_\_\_\_

**The Da Vinci Scholarship Fund**

Mother's Address: \_\_\_\_\_

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

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

Place of Employment: \_\_\_\_\_

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

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

Phone number \_\_\_\_\_ Years employed \_\_\_\_\_

Gross Annual Salary: \_\_\_\_\_

Name of Siblings

Age

School Attending

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Annual Family Income From all Sources: \_\_\_\_\_