



## LIGURIANS in the WORLD ASSOCIATION

### ROBERT FIGONE MEMORIAL SCHOLARSHIP ITALIAN-AMERICAN SCHOLARSHIP APPLICATION

**Graduating High School Seniors with One Parent or Grandparent of  
ITALIAN Descent are Eligible for a \$1500 Scholarship**

**COMPLETED APPLICATION, APPLICANT'S PHOTOGRAPH and ALL the ITEMS LISTED BELOW ARE DUE  
FRIDAY, APRIL 14, 2023**

(Fillable PDF form is available for download at [www.sfliguri.com](http://www.sfliguri.com) or upon request via email at [psegale@sbcglobal.net](mailto:psegale@sbcglobal.net))

**The following items MUST BE PROVIDED WITH APPLICATION and will be used in evaluation of each Applicant:**

- 1. Scholastic record:** transcript of Applicant's scholastic record.
- 2. Essay:** an essay containing a maximum of 500 words **on the following topic:** *Describe the circumstances surrounding your family member(s) immigrating from a town/city in Italy to the U.S. Based on these circumstances, explain what you've learned, and your plans to learn more about the culture of your family member's birthplace, Italy.*
- 3. Summary of Applicant's community service, extracurricular activities, confirmation of good character, and demonstration of leadership:** letter certifying activity record and character from the Applicant's Principal, Teacher or Counselor.

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**Applicant's  
Name**

**Address**

**City**

**State**

**Zip  
Code**

**Phone**

**Email**

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**High school attending:**

**City**

**State**

**Zip Code**

**College/University planning to attend:**

**City**

**State**

**Expected Major or Field of Study at College/University:**

**Describe extra curricular activities, including length of time (continue on separate page if necessary):**

Describe your community service activities, including length of time (continue on separate page if necessary):

Describe any plans for pursuing Italian studies:

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Parent(s)  
Name(s)

Address

City State Zip Code

Ancestral city/  
town in Italy:

Is anyone in your family a member of an Italian-American Organization? If yes, provide name of organization.

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I understand that in order to receive a scholarship, I will have been accepted or qualify for enrollment and plan to attend a junior college, college or university, which is public or private and offers courses leading to an academic degree. I further agree that to receive the scholarship I must be in attendance at the Awards Luncheon on Sunday, April 30, 2023 at the Fior D'Italia Restaurant, 2237 Mason St., San Francisco. I also agree that by submitting my application and accompanying material and information, my photo, name, high school, year of graduation, and essay may be published on the Ligurians in the World Association website and/or published in other forms such as print or electronic media including but not limited to newspaper, email, or social media.

My signature certifies that the information submitted is true and accurate to the best of my knowledge and that I agree to the requirements of this scholarship program:

Applicant's  
Signature

Date

Please email completed application AND required additional items to: Pam Segale at psegale@sbcglobal.net

Three (3) Scholarships for \$1500 each will be awarded on SUNDAY, April 30, 2023  
at Fior D'Italia Restaurant, 2237 Mason St., San Francisco.

Those Applicants selected for a Scholarship will be notified by phone or email prior to the Awards Luncheon.

**\*\*\*RECIPIENTS MUST BE PRESENT AT AWARDS LUNCHEON TO RECEIVE AWARD\*\*\***

How did you learn of this Ligurians in the World Association scholarship program?