



# Columbus Citizens Foundation, Inc.

## 2012 Elementary School Grant Program

### Introduction

The Columbus Citizens Foundation is a non-profit organization in New York City committed to fostering an appreciation of Italian-American ancestry and achievement. The Foundation, through a broad range of philanthropic and cultural activities, provides opportunities for advancement to deserving Italian-American students through various scholarship and grant programs. Since its founding in 1929, the Foundation has organized New York City's Columbus Day Parade.

It is the Foundation's hope that future generations of Italian-Americans will honor those who came before them by upholding the values of love of country, family and a tireless work ethic. It is in this spirit that the Columbus Citizens Foundation offers Elementary School Grants to students who may not have the means to reach their full potential otherwise. Grants, while generous, are partial assistance and will not cover payment for all school costs.

### Grant Criteria

To be considered for this grant your application must show the following:

- 1) Existence of Italian-American Ancestry
- 2) Financial Need
- 3) Academic Excellence

### Mandatory Interview in New York City

Each semi-finalist will be required to appear in person for an interview at the Foundation in New York City at his or her expense. Any costs associated with travel, meals and accommodations for the semi-finalists and anyone accompanying them to the interview in New York City will NOT be reimbursed by the Foundation under any circumstances. An invitation to an interview does not signify that you will receive a grant. Do not complete this application if you will be unable to attend this in-person interview.

### Instructions to Applicant

Please read the following instructions very carefully. In addition to the above criteria, applicants will be judged based upon their ability to follow directions. Application packages must be completed including all supporting documentation requested throughout the application. Please be advised that incomplete application packages and late submissions will be disqualified automatically.

**1) Deadline:** Applications must be received no later than Tuesday, February 14, 2012. Application packages should be mailed via certified or registered mail to ensure receipt by TADS Financial Aid (Directions included on Page 7). TADS is a third-party entity that will conduct the preliminary evaluation of your application.

**2) Call Rule:** Please call TADS at (800) 477-8237 to check the status of your application review process. TADS will also contact you by mail if your application is incomplete - please be aware that you may receive envelopes from TADS, a Minnesota firm.

**3) Put Your Best Foot Forward:** The application should be complete, presentable and legible. Please ensure your child prints clearly and uses his or her best penmanship.

**4) Tax Requirements:** All applicants are required to provide a complete copy of their parent(s)/guardian(s) 2010 State and Federal Income Tax Returns, an IRS 4506-T Form for 2010 as well as copies of all 2010 W-2 Forms. Candidates chosen as semi-finalists will be required to submit full copies of their parent(s)/guardian(s) 2011 State and Federal Income Tax Returns, as well as an IRS 4506-T Form for 2011.

**5) Letter of Recommendation:** You must submit a letter of recommendation from the student's principal, guidance counselor, teacher or religious leader that specifically addresses

why the applicant should be selected as a grant recipient. This letter of recommendation must accompany this application.

**6) Getting to know you:** Questions have been provided for the applicant in Section C. Please ensure this section is completed.

**7) Academic Performance Verification:** In Section E (for candidates entering grades 2-8), we request verification of the applicant's academic performance. Please ensure this information is provided with the application.

**8) Supporting Documentation:** In various areas of the application we request supporting documentation. Please ensure you include this information with your application.

**9) Application Fee:** Payable to TADS for the non-refundable application fee of \$34 (All returned checks will incur an additional fee of \$29).

**10) Copy For Your Files:** The original application and supporting documentation (Form W-2's, recommendation letter, etc.) will become property of the Foundation and will not be returned to you. You must retain the originals of those documents you need for your personal files (i.e. Form W-2's) and provide us with copies. Please note all information will be treated in a private and confidential manner.



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**Important:**

- This application should NOT be submitted until you have completed the online financial segment at [www.mytads.com](http://www.mytads.com)
- This application should NOT be completed if you have not read the accompanying introduction and instructions. If you have received the application without the introduction and instructions, please obtain a full and current application at [www.columbuscitizensfd.org](http://www.columbuscitizensfd.org). If you do not meet the grant criteria outlined in these documents, do not complete the application.

**Section A — General Information**

To be completed by Parent/Guardian about the student.

\_\_\_\_\_  
Student Name \_\_\_\_\_ TADS ID NUMBER

\_\_\_\_\_  
Current Elementary School

\_\_\_\_\_  
School Applicant Would Like to Attend (If Different)

\_\_\_\_\_  
School Address (If Different) \_\_\_\_\_ Tuition Cost (If Different)

Please explain why you would like your child to attend/continue to attend this school:

List all federal and state tuition assistance, scholarships, awards and grants the applicant is receiving towards his or her education. Please attach copies of the official documentation/notification received from the school, foundation or institution notifying you of your award.

| Description/Institution Granting Award | \$ Amount Per Year |
|--|--------------------|
| _____                                  | _____              |
| _____                                  | _____              |
| _____                                  | _____              |



## Section B — Italian-American Heritage

To be completed by Parent/Guardian about the student.

This student's Italian heritage is derived through:      Father                      Mother                      Guardian

### Applicant Ancestor Family Tree

Your family history is very important to us. Please complete the ancestor family tree in full below by filling in the boxes to include the legal names and places of birth of the applicant, parents and grandparents.

**Maternal** (applicant's mother and her parents)

**Paternal** (applicant's father and his parents)

|  |   |  |   |
|--|---|--|---|
| <p>_____</p> <p>Grandmother's Maiden Name</p> <p>_____</p> <p>Place of Birth</p> | <p>_____</p> <p>Grandfather's Name</p> <p>_____</p> <p>Place of Birth</p> | <p>_____</p> <p>Grandmother's Maiden Name</p> <p>_____</p> <p>Place of Birth</p> | <p>_____</p> <p>Grandfather's Name</p> <p>_____</p> <p>Place of Birth</p> |
| <p>_____</p> <p>Mother's Maiden Name</p> <p>_____</p> <p>Place of Birth</p>      |   | <p>_____</p> <p>Father's Name</p> <p>_____</p> <p>Place of Birth</p>             |   |
| <p>_____</p> <p>Applicant's Name</p> <p>_____</p> <p>Place of Birth</p>          |   |  |   |

If none of the applicant's parents or grandparents were born in Italy, please use the space below to concisely trace back and detail your family's Italian ancestry (for example, 'My maternal great grandfather, Lorenzo de' Medici was born in Florence, Italy').



**Section C — Tell Us About Yourself (Grades 2-8)**

To be completed by the Applicant entering grades 2-8. Applicants entering K and 1st grade, please skip to Section D.

We would like to get to know you better. In order for us to do that, please answer the questions below.  
So that it is easy for us to read, please use your best penmanship.

Describe your last family outing or event:

What is your favorite after-school activity (for example: basketball, soccer, singing, piano, ice skating, etc.,)? Tell us why:

What are your favorite books? Tell us why:



**Section D — Draw Us A Picture (K and 1st Grade)**

To be completed by the Applicant entering Kindergarten or First Grade only.

Draw a picture of your last family outing or vacation. Please tell us who is in your drawing.



## **Section E — Academic Performance / Certification**

To be completed by the Parent/Guardian and Applicant

For students entering grades 2-8, please provide a copy of the applicant's most recent report card as well as last year's final report card. Also, provide us with the applicant's New York State standardized test results (if applicable).

Parent/Guardian additional remarks:

Applicant's additional remarks:



**Important Notice of Disclosure**

The following statement must be read, agreed to and signed by a parent/guardian. In addition, the signature must be witnessed by a Notary Public.

I certify that all of the information contained in this application is complete and true to the best of my knowledge and belief. I understand that any misrepresentation and/or falsification of information intended to help advance the applicant will result in the rejection of the application. I further understand that the receipt and acceptance of any grant monies awarded by the Columbus Citizens Foundation, on the basis of any misrepresentation or falsehood submitted in this application, will subject the undersigned to the penalties for perjury and to possible civil liability for restitution of all monies paid by the Foundation on behalf of the student applicant, with interest. Additionally I grant to the Columbus Citizens Foundation the right to use my child's name and photograph in press releases that promote the Foundation and its Scholarship Program.

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

**Submission Instructions:**

Please complete and submit all pages to TADS.

**Mail:**  
TADS Financial Aid  
1201 Hawthorne Ave., Ste 100  
Minneapolis, MN 55403

**Fax:**  
(612) 548-3326