



**Sons of Italy Western Foundation**  
Affiliation: GRAND LODGE OF CALIFORNIA  
ORDER SONS AND DAUGHTERS OF ITALY IN AMERICA

**APPLICATION FOR THE CAREER EDUCATION 2023 SCHOLARSHIP**

(PLEASE COPY AS NEEDED)

(THE CONTENTS OF THIS APPLICATION ARE CONFIDENTIAL)

**To the Scholarship Chairperson:**

I hereby apply for a scholarship to be awarded in the month of **June 2023**. In support of this application, I submit the following information and certify it to be true and correct. I understand that if any information submitted is determined to be untrue or incorrect, the committee may reject the application.

**All applicants must reside in the jurisdiction of the Grand Lodge of California**

I also understand and agree that if I am awarded a scholarship by the Western Foundation, it will be payable only upon verification of enrollment and participation in a program of studies provided by a recognized Career Education School/Community College offering a certificate of completion or degree.

**Application Deadline: March 1, 2023 (Postmark)**

Date \_\_\_\_\_ Signed \_\_\_\_\_

**Answer ALL QUESTIONS:** No application will be considered unless all questions are answered. (Typing is recommended).

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Name and address of Parent (if applicant is under 18 years of age) \_\_\_\_\_

Are you a member of the Sons & Daughters of Italy? \_\_\_\_\_ If so, which lodge? \_\_\_\_\_  
Yes No

Do you or did you have a family member that belonged to the Sons & Daughters of Italy? Is a family member currently a member? If so, member's name, relationship \_\_\_\_\_

Lodge name/location \_\_\_\_\_

What Career Education School or Community College Career Education do you plan to or are currently attending?

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

School Phone \_\_\_\_\_ School Contact, Counselor, Administrator \_\_\_\_\_

Email address \_\_\_\_\_

What principal Occupation will you pursue\_\_\_\_\_

On a separate sheet of paper, please explain how you plan to finance your career education.

In addition, please submit the following:

1. Up to two Letters of Recommendation from a Teacher/Counselor/Administrator (non-family member). These recommendation letters should exemplify your character, activities and community involvement.
2. An essay of at least **200 words** to include the following:
  - your Italian origin;
  - your future aspirations, work experiences, extra-curricular activities, and organizations of which you are a member; and
  - include a paragraph at the end of the essay describing an Italian you admire (not related to you) who made an impression in your life.

**REMINDER:** Verify that all questions are answered correctly and honestly. Send all above items in one envelope to the address listed below. Please certify by signing below.

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Applicant

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Parent (if applicant is under 18 years of age)

**Please comply with all of the above so that your application can be processed.**

**Mail application and all supporting statements/documents to:**

**Sons of Italy Western Foundation  
Rosemarie Biagetti Vanderhaar  
Scholarship Committee Chairperson  
801 West Duarte Rd., Apt. I  
Monrovia, CA 91016-4391**

**DUE DATE: MARCH 1, 2023 (POSTMARKED)**