

Sons of Italy Western Foundation

Affiliation: GRAND LODGE OF CALIFORNIA ORDER SONS AND DAUGHTERS OF ITALY IN AMERICA 9300 Madison Ave., Suite 100 Orangevale, CA 95662

APPLICATION FOR ACADEMIC 2024 SCHOLARSHIP

(PLEASE COPY AS NEEDED)

(THE CONTENTS OF THIS APPLICATION ARE CONFIDENTIAL)

To: Scholarship Chairperson:

I hereby apply for a scholarship to be awarded in the month of **June 2024**. 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 proof of completion of the First Quarter/Semester of a recognized community college or accredited college or university, public or private, offering academic courses leading to an academic degree.

Final Acceptance Date: March 1, 2024 (Postmark)

Date	Signed			
	NS: No application will be cor Applicants must submit a sign			
Name	B	irth Date		
Home Phone	Email Address			
Address				
	County		Zip code	
High School		Address		,
City		State	Zip code	,
High School Phone		G.	PA	
High School Contact				
Counselor or Princi	pal	Er	mail address, if availab	le
Name and address of Father or	Guardian			
Name and address of Mother				
Maiden Name of Mother				
Are you a member of the Son	ns & Daughters of Italy? Tes No	f so, what lodge?		
	mily member that belongs to the S			
	onship and address			
	Lodge name/location			

What college or university do you plan to attend?
What major or principal study will you pursue?
Annual family income before taxes? (Federal Tax returns not required)
On a separate sheet of paper, please explain how you plan to finance your college education. Include what portion parents will be responsible for and what portion you will be responsible for. Please include any special circumstances or pertinent remarks.
Will you need to work? For what portion of expenses?
Yes No In addition, please submit the following:
1. Official Transcript.
2. Two (2) Letters of Recommendation. These recommendation letters should exemplify your character, activities and community involvement.
3. Names and addresses of two persons, not related to applicant, whom the applicant has asked to recommend he/she for a scholarship.
4. An essay of at least 200 words to include the following:your Italian origin;
 your future aspirations, work experiences, extra-curricular activities, and organizations 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 of the above items in one envelope to the address listed below. Please certify by signing below.
Applicant
Parent or Guardian
Please comply with all of the above so that your application can be processed.

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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