ORDER SONS AND DAUGHTERS OF ITALY IN AMERICA GRAND LODGE OF CALIFORNIA

AND

SONS OF ITALY WESTERN FOUNDATION RESTRICTED

APPLICATION FOR UNIVERSITY ITALIAN STUDIES 2022 SCHOLARSHIP FOR RESIDENTS OF SAN FRANCISCO, SAN MATEO OR SANTA CLARA COUNTIES

(PLEASE COPY AS NEEDED)

(THE CONTENTS OF THIS APPLICATION ARE CONFIDENTIAL)

To the Grand Lodge of California Scholarship Chairperson:

I hereby apply for a scholarship to be awarded in the month of **June 2022.** 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 Grand Lodge, 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, 2022 (Postmark)

Date	Signed		
Answer ALL QUESTIONS: is recommended). Note: App			` • I
Name	Birth Date		
Home Phone ()	Email Address		
Address			
City	County	State	Zip code
High School	Address		
City		State	Zip code
High School Phone ()			_ GPA
High School Contact			
Counselor or Principal		Ema	il address, if available
Name and address of Father or Gua	rdian		
Name and address of Mother			
Maiden Name of Mother			
Are you a member of the Sons o	f Italy? If so, what lo	dge?	
Do you or did you have a family	member that belongs to the S	Sons of Italy? Is a fami	ily member currently a member?
If so, member's name, relationsh	nip and address		
I.o	ndge 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)			
	please explain how you plan to finance you college education. Include what portion and what portion you will be responsible for. Please include any special circumstances			
Will you need to work?	For what portion of expenses?			
In addition, please submit the	following:			
 Official Transcrip 	pt.			
* /	•			
	sses of two persons, not related to applicant, whom the applicant has asked to e/she for a scholarship.			
4. An essay of at lea	ast 200 words to include the following:			
• your Italian or				
a member; and				
<u> </u>	graph at the end of the essay describing an Italian you admire (not related to you) who ession in your life.			
	Il questions are answered correctly and honestly. Send all above items in one envelope lease certify by signing below.			
Applicant				
Parent or Guardian				
DI 1 '41 11 641				

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 5051 Mission Street San Francisco, CA 94112