

**ORDER SONS & DAUGHTERS OF ITALY IN AMERICA—GRAND LODGE OF CALIFORNIA  
AND  
SONS OF ITALY WESTERN FOUNDATION**

**ITALIAN LANGUAGE STUDY GRANT APPLICATION FOR YEAR 2019**

(PLEASE COPY AS NEEDED)

(THE CONTENTS OF THIS APPLICATION ARE CONFIDENTIAL)

**To the Grand Lodge of California Scholarship Chairperson:**

I hereby apply for an **Italian Language Study Grant** to be given in the month of **June 2019**. 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.

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, 2019 (Postmark)**

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

**Answer ALL QUESTIONS:** No application will be considered unless all questions are answered. (Typing is recommended). **Note: Applicants must submit an official transcript from their high school, including proof of study of the Italian Language or other foreign language while attending school:**

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**

**Email address, if available**

Name and address of Father or Guardian \_\_\_\_\_

Name and address of Mother \_\_\_\_\_

Maiden Name of Mother \_\_\_\_\_

Are you a member of the Sons of Italy? \_\_\_\_\_ If so, what lodge? \_\_\_\_\_

Do you or did you have a family member that belongs to the Sons of Italy? Is a family member currently a member?

If so, member's name, relationship and address \_\_\_\_\_

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

If awarded this Study Grant, do you have parental consent to study in Italy for a summer session of 30 days, during the month of July? If so, provide name and signature of parent/signature.

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**PARENTAL SIGNATURE**

If awarded this Study Grant, you will be expected to study the Italian Language under the direction of educators in Italy. You will also be expected to adhere to all rules and regulations set forth by these educators and the Grand Lodge of California, Order Sons of Italy. Do you accept these terms and conditions?

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**APPLICANT SIGNATURE**

In addition, please submit the following:

1. Official Transcript.
2. Two (2) Letters of Recommendation, one from a Foreign Language teacher for this Study Grant. These recommendation letters should exemplify your character, activities and community involvement.
3. Names and addresses of two persons whom you have asked to recommend you for this Study Grant.

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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 stating what you hope to gain from this Study Grant.

**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 or Guardian

**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

**DUE DATE: MARCH 1, 2019 (POSTMARKED)**