# 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**
**916-270-2330**


## ITALIAN LANGUAGE STUDY GRANT APPLICATION FOR YEAR 2027

(PLEASE COPY AS NEEDED)
(THE CONTENTS OF THIS APPLICATION ARE CONFIDENTIAL)

**To Scholarship Chairperson:**

I hereby apply for an **Italian Language Study Grant** to be awarded in the month of **June 2027.** 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***
**Final Submission Date: March 1, 2027 (Postmarked)**

Date_____Signed_____

**Answer ALL QUESTIONS:** No application will be considered unless all questions are answered. (Typing is recommended). **Note: Applicants must submit a signed 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 phone number/email of Father or Guardian_____

Name and phone number/email of Mother_____

Maiden Name of Mother_____

Are you a member of the Sons & Daughters of Italy? _____ If so, what lodge?_____

Do you or did you have a family member that belongs to the Sons and Daughters 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.

---

**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?

---

**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 not related to the applicant whom the applicant has asked to recommend he/she for this Study Grant.

---

---

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.

---

Applicant

---

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**
**c/o Annette Porter**
**Scholarship Committee Chairperson**
**9300 Madison Avenue, Suite 100**
**Orangevale, CA 95662**

***The Grand Lodge of California includes California, Western Nevada and Southern Oregon**

**SUBMISSION DEADLINE: MARCH 1, 2027 (POSTMARKED)**