



Sons of Italy Western Foundation

501 (c) (3) Nonprofit Corporation Established - 1959

Affiliation: GRAND LODGE OF CALIFORNIA
ORDER SONS OF ITALY IN AMERICA
5051 Mission Street, San Francisco, CA 94112-3473
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Web Site: www.sonsofitalyca.org

NOTICE OF AVAILABLE SCHOLARSHIPS

The Grand Lodge of California, Order Sons of Italy in America, announces the availability of scholarships for graduating seniors in the Class of 2018.

Scholarships are available in the following categories:

- Academic Awards for high school seniors
- Italian Language Study Grants in Italy for high school seniors for the summer of 2018
- Athletic Award for high school seniors pursuing a career in sports or a sports related field (This application is available on our website which listed below.)

The requirements for applying for a Scholarship or Student Grant with the Order Sons of Italy, Grand Lodge of California is as follows:

- Applicant MUST BE wholly or partially of Italian descent
- Applicant MUST BE enrolled in an accredited Trade School, College, University or Community College for the fall of 2018.

Applications are available through a School Counselor or ON-LINE in a "pdf fillable format" by accessing the Grand Lodge of California, Sons of Italy website at www.osiaca.org click on link for SCHOLARSHIPS.

DEADLINE FOR ALL APPLICATIONS IS MARCH 1, 2018 (Postmark)

**ORDER SONS OF ITALY IN AMERICA – GRAND LODGE OF CALIFORNIA
AND
SONS OF ITALY WESTERN FOUNDATION**

APPLICATION FOR ACADEMIC 2018 SCHOLARSHIP

(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 given in the month of **June 2018**. 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, 2018 (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:**

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 _____

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? _____

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 whom you have asked to recommend you for a scholarship.
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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 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.

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
Rosemarie Biagetti Vanderhaar
Scholarship Committee Chairperson
5051 Mission Street
San Francisco, CA 94112

DUE DATE: MARCH 1, 2018 (POSTMARKED)

**ORDER SONS OF ITALY IN AMERICA – GRAND LODGE OF CALIFORNIA
AND
SONS OF ITALY WESTERN FOUNDATION**

ITALIAN LANGUAGE STUDY GRANT APPLICATION FOR YEAR 2018

(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 2018**. 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, 2018 (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 ads, 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.

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 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.

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
Rosemarie Biagetti Vanderhaar
Scholarship Committee Chairperson
5051 Mission Street
San Francisco, CA 94112

DUE DATE: MARCH 1, 2018 (POSTMARKED)