NOTICE OF AVAILABLE SCHOLARSHIPS

The Grand Lodge of California, Order Sons and Daughters of Italy in America, announces the availability of scholarships for graduating seniors in the Class of 2020.

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 2020
- Athletic Award for high school seniors pursuing a career in sports or a sports related field (This application is available on our website below.)

The requirements applying for a Scholarship or Student Grant with the Order Sons and Daughters 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 in the fall of 2020.

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, 2020 (Postmark)
APPLICATION FOR ACADEMIC 2020 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 2020. 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, 2020 (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_____________________

Due date: March 1, 2020

San Francisco, CA 94112
5051 Mission Street
Scholarship Committee Chairperson
Room 223, Bahnhof
Sons of Holy Western Foundation

Mail application and all supporting statements/documents to:

Please comply with all of the above so that your application can be processed.

Parent or Guardian

Applicant

Please certify by signing below:

If you believe that all questions are answered correctly and honestly, send all above items in one envelope.

REMINDER: Verify that all questions are answered correctly and honestly. Send all above items in one envelope.

1. Name of college or university to which you plan to attend.

2. Official transcript.

3. Names and addresses of two persons whom you have asked to recommend you for a scholarship.

4. An essay of at least 200 words to include the following:

- An essay of at least 200 words to include the following:

  Include a paragraph at the end of the essay describing an illness, your response, and personal success.

  A resume and a color photo of you and a member of the family. Please include any special circumstances.

In addition, please submit the following:

- Two (2) Letters of Recommendation. These recommendation letters should explain why you are the character:

  Include a paragraph of 200 words expressing how you plan to finance your college education. Include what portion of your family income before taxes (Federal Tax Return not required) will pay your expenses.

- Will you need to work? (Federal Tax Return not required)

- Annual family income before taxes (Federal Tax Return not required)
ORDER SONS & DAUGHTERS OF ITALY IN AMERICA
GRAND LODGE OF CALIFORNIA
AND
SONS OF ITALY WESTERN FOUNDATION

ITALIAN LANGUAGE STUDY GRANT APPLICATION FOR YEAR 2020
(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 2020. 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, 2020 (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.

**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.

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, 2020 (POSTMARKED)**
ORDER SONS & DAUGHTERS OF ITALY IN AMERICA
GRAND LODGE OF CALIFORNIA
AND
SONS OF ITALY WESTERN FOUNDATION
APPLICATION FOR ATHLETIC 2020 SCHOLARSHIP
FOR STUDENTS PURSUING A DEGREE IN SPORTS
OR A SPORTS RELATED FIELD
(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, 2020. 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, 2020 (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.

______________________________________________

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, 2020 (POSTMARKED)**