



**Sons of Italy Lodge #2016
Watsonville, CA
Class of 2017 Scholarship Application**

CRITERIA FOR SCHOLARSHIP:

- 1. Applicant must be of *Italian* heritage or related to a member of *Sons of Italy Lodge 2016***
- 2. Applicant's legal home address must be within the Santa Cruz County Boundary**
- 3. Applicant must have a 3.0 or better Grade Point Average**

APPLICATION FOR ACADEMIC 2017 SCHOLARSHIP

(The contents of this application are confidential.)

FINAL APPLICATION DATE: APRIL 3, 2017 (POSTMARK)

ANSWER ALL QUESTIONS: No application will be considered unless all questions are answered.
(Printing or typing recommended)

NOTE: Applicants must submit a certified transcript and official certification of rank in graduating class, scores of SAT/PSAT/ACT, and grade point average.
Letters of Recommendation (minimum 2) from teachers, administrators, or members of the Community

NAME _____
Last First Middle

ADDRESS _____
Number Street City Zip

Home Phone _____ Cell Phone _____

Email address _____

High School You Are Attending _____

Father's Name _____ Mother's Name _____

Siblings' Names _____

Are any of your relatives a current member or past member of Sons of Italy Lodge 2016? Yes _____ No _____

If Yes, Member's Name _____

Do you have a job? Yes ___ No ___ If yes, where are you employed and how many hours per month?

Place of work _____ Hours per month _____

Are you involved in community activities? Yes ___ No ___ If Yes, please list these activities _____

What school activities have you been in, or are presently involved in? *(Use additional pages for this and other questions, if necessary)* _____

Have you currently, or in your past high school years, held a class or school office? Yes ___ No ___

If yes please list _____

List the sports activities in which you are involved or have been during your high school years _____

Do you (or your family) have special circumstances that you feel we should be aware of? This includes your particular financial need. Please explain, if you would like. (Any information is strictly confidential.)

What course of studies (your selected major) will you pursue following high school graduation?

What field do you plan to enter following college? Please elaborate. _____

What college/university do you plan to attend? _____

Write a detailed paragraph, up to 300 words, on your Italian heritage. This is important as it will be used as part of your overall application.

In support of this application, I submit the foregoing 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 you, it will be payable only upon proof of completion of First Quarter/Semester at a recognized junior college or accredited college or university, public or private, offering academic courses leading to an academic degree.

Date: _____

Signature of Applicant

Date: _____

Signature of Applicant's Parent or Guardian

Please comply with all the above so that your application can be processed. Please mail application and all supporting statements/documents to:

**Michelle Cecchini
Scholarship Chair
Sons of Italy Lodge #2016
606 Townsend Drive
Aptos, CA 95003**