



**SONS OF ITALY**  
**Watsonville Lodge #2016**  
**Class of 2018 Scholarship Application**  
**Andrew H. Malatesta Agriculture Science Scholarship**

**CRITERIA FOR SCHOLARSHIP**

1. Applicant must be pursuing studies in field of Agriculture Sciences
2. Applicant must be of *ITALIAN* heritage or related to a member of Sons of Italy Lodge #2016
3. Applicant's legal home address must be within the Santa Cruz County boundary
4. Applicant must have a 3.0 or better Grade Point Average

**APPLICATION FOR ACADEMIC 2018 SCHOLARSHIP**

(The contents of this application are confidential.)

**FINAL APPLICATION DATE: APRIL 6, 2018 (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: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ 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 or Guardian: \_\_\_\_\_

Siblings' Names: \_\_\_\_\_

Are any of your relatives(s) current or past members of Sons of Italy Lodge 2016? Yes \_\_\_ No \_\_\_

If yes, Member's Name: \_\_\_\_\_

What College or University do you plan to attend? \_\_\_\_\_

\_\_\_\_\_

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. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 like. (Any information is strictly confidential)

\_\_\_\_\_

\_\_\_\_\_

Write a detailed 300 words essay, on your Italian origin and 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 in Agriculture Science.**

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**