



SONS OF ITALY
Watsonville Lodge #2016
Class of 2018 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 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**