



SONS AND DAUGHTERS OF ITALY
Watsonville Lodge #2016
Class of 2020 Scholarship Application

CRITERIA FOR SCHOLARSHIP:

- 1. Applicant must be of *Italian* heritage or related to a member of *Sons and Daughters of Italy Watsonville 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**

FINAL APPLICATION DATE: APRIL 3, 2020 (POSTMARK)

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

PROVIDE:

- 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
- **A detailed 300 words essay on your Italian origin and heritage**

Name: _____

Birth Date: _____ Phone: _____ Email Address: _____

Address: _____

High School: _____

Name of Father or Guardian: _____

Name of Mother or Guardian: _____

Siblings' Name: _____

Do you have a relative who is a current member of Sons and Daughters of Italy Watsonville 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:

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

Place of Employment: _____ 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?

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)

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 understand and agree that if I am awarded a scholarship by Sons and Daughters of Italy Watsonville Lodge #2016, it will be payable only upon proof of completion of the first quarter/ semester from a recognized community college or accredited college or university, public or private.

Date: _____

Signature of Applicant

Date: _____

Signature of Applicant's Parent or Guardian

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

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