New York State Order Sons of Italy in America Foundation
the 2020 Scholarship Program

Anthony Naccarato, Foundation President ~ Michele Ment, Chairperson ~ Donna Torrisi, Co-Chairperson

APPLICATION FORM (Please Print or Type)

Name: Last _____ First _____ Middle _____

Home Address: _____ City _____ State ___ Zip _____

Email _____ Phone # (_____) _____

Date of Birth: Mo. _____ Day _____ Year _____   Sex: ☐ Male ☐ Female

College/Curriculum to which you are applying

_____

_____

_____

Date Entering _____

Name/Address of High School

_____

_____

Graduation Date _____

FAMILY MEMBERS OF OSIA LODGES SHOULD COMPLETE THE LODGE IDENTIFICATION SECTION BELOW! THIS IS NOT REQUIRED FOR OTHER APPLICANTS.

Lodge Name & Number _____

located (mailing address) _____ hereby supports the scholarship

application of the above student.

Member _____ Relationship to Student _____

Acting President of Lodge _____

Signature of Acting President _____

Address _____

Phone Number (___) _____ Email_____

1. Undergraduate awards are for current high school seniors who will begin full time undergraduate study in the Fall 2020 semester.

2. The following MUST be submitted directly to the District Scholarship Chairperson for the applicant's lodge or geographic district: (a) Official transcripts including first semester senior year grades and SAT/ACT scores. (b) Official documentation of special need (c) Two letters of recommendation from teachers or counselors. (d) A student essay **(no more than 350 words)** summarizing educational and career goals, school and community service and a discussion of the significance of your Italian heritage.

3. Applicant must be a resident of New York State and of Italian heritage.

4. A $10.00 application fee, made payable to the NY Grand Lodge Foundation, Inc., must be included with application.

5. **Application, fee and supporting material must be sent to the District Scholarship Chairperson POSTMARKED NO LATER THAN MARCH 31, 2020:**

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Vincent Lombardi Lodge #2270
District VIII
Marjorie Focarazzo
84 Mulcahy Blvd
Rochester, NY 14624

585-749-5346
MAFocarazzo@gmail.com

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Name _____ District _____

Address _____

Signature of Applicant _____ Date _____