

**ORDER SONS OF ITALY IN AMERICA-GRAND LODGE OF CALIFORNIA  
AND  
SONS OF ITALY WESTERN FOUNDATION**

**COLLEGIATE ITALIAN LANGUAGE STUDY GRANT APPLICATION  
FOR YEAR 2011**

(PLEASE COPY AS NEEDED)  
(THE CONTENTS OF THIS APPLICATION ARE CONFIDENTIAL)

To the California Scholarship Committee Chairperson:

I hereby apply for an **Italian Language Study Grant** to be given in conjunction with my college studies in Italy. In support of this application, I submit the following information and certify it to be true and correct. I understand that if any information submitted is determined to be untrue or incorrect, the commission may reject the application.

**Final Acceptance Date: March 1, 2011 (Postmark)**

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

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

**Note:** Applicants must submit verification that they will be attending classes in Italy during their college years.

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

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

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

State: \_\_\_\_\_ **State County of:** \_\_\_\_\_ Zip Code: \_\_\_\_\_

Your Social Security number: \_\_\_\_\_

College/University: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ College/University Phone: ( ) \_\_\_\_\_

College/University Contact: \_\_\_\_\_  
Counselor or Principal \_\_\_\_\_ Email address, if available \_\_\_\_\_

What major or principal course of study are you pursuing?  
\_\_\_\_\_

What foreign language courses have you taken and # of years studied.  
\_\_\_\_\_

**Name and Address of Father or Guardian:** \_\_\_\_\_

**Name and Address of Mother:** \_\_\_\_\_

**Maiden Name of Mother:** \_\_\_\_\_

Do you (or did you) have a family member that belongs to the Sons of Italy? Is a family member currently a member of Sons of Italy? If so, give member's name, relationship, address \_\_\_\_\_

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If awarded this Study Grant, do you have parental consent to study in Italy? If so, name and signature of parent/guardian.

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**PARENTAL SIGNATURE**

If awarded this Study Grant, you will be expected to study the Italian Language under the direction of educators in Italy. You will be expected to adhere to all rules and regulations set forth by these educators and the Grand Lodge of California Order Sons of Italy. Do you accept these terms and conditions?

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**APPLICANT SIGNATURE**

**In addition, please submit the following:**

1. Official verification that you will be attending classes in Italy
2. Include two (2) Letters of Recommendation. Give two names and addresses of the two (2) people whom you have asked to recommend you for this Study Grant. These recommendation letters should exemplify your character, activities and community involvement.

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4. An essay of at least 200 words to include the following:
    - Your Italian origin
    - Your future aspirations, your work experience, extra curricular activities, and organizations of which you are a member.
    - At the end of the essay write a paragraph stating what you hope to gain from this Study Grant.

**REMINDER:** Verify that all questions are answered correctly and honestly.  
Send all above items in one envelope to the address listed below.

**Please certify by signing**

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Applicant

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Parent/Guardian

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

Sons of Italy Western Foundation  
Linda De Palma, Scholarship Committee Chairperson  
5051 Mission Street  
San Francisco, CA 94112

**DUE DATE MARCH 1, 2011 (POSTMARK)**