

New York OSIA Grand Lodge Foundation 2012 Grant Application

Thom A. Lupo, Foundation President ~ Michele Ment, Scholarship Chairperson



APPLICATION FORM (Please Print or Type)

Name: Last _____ First _____ Middle _____

Home Address: _____ City _____ State _____ Zip _____

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 DUCA DEGLI ABRUZZI # 443, located (mailing address) 126 O'Dell Ave Endicott NY 13760

hereby supports the scholarship application of the above student.

★ Member _____ Relationship to Student _____

President of Lodge DAVID L. DEANGELO Signature of President David L. DeAngelo

Address 823 ALMA PLACE ENDICOTT N.Y. Phone Number 607 754-5361

APPLICANTS MUST COMPLETE ALL INFORMATION ON THIS FORM.

1. Undergraduate awards are for current high school graduates who will begin full time undergraduate study in the Fall 2012 semester. Graduate awards are for college graduates who will begin graduate study in the Fall 2012 semester. If chosen as a recipient, awards will be made payable to the institution.
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 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 NO LATER THAN MARCH 31, 2012.

→ Signature of Applicant _____ Date _____

PLEASE RETURN COMPLETED APPLICATION TO DISTRICT SCHOLARSHIP CHAIRPERSON

Name Josephine Federico District 7

Address 4966 Driftwood Dr.
Liverpool, NY 13088