

2017 DUCA DEGLI ABRUZZI LODGE #443 Scholarship Application



(Please Print or Type)

Name: Last _			_ First		Middle		
Home Address			City		State	Zip	
Phone # ()	_ D.O.B. Mo	Day	Year	_ Sex: Male 🔲	Female 🗌	
College/Curricul	um to which you are applying				Date Entering		
Name of High School				Graduation date			
Address of Hi	gh School						
Name of counselor/advisor							
Lodge information that helps support the scholarship application of the above student. Must be relative of lodge member. (son/daughter, grandson/granddaughter, etc) NYS residency not required							
Member			Relationship to student				
Note: To be eligible, the nominating member must be a member in good standing as a paid member for at least 1 year prior to the application date.							
DIRECTIONS TO APPLICANT:							
1. Appli	Applicants must complete all information on this form.						
	ndergraduate awards are for current high school seniors who will begin full time undergraduate study						
in the fall after their senior year. The fallowing MUST he submitted to the Scholarchin Chairnerson							
	The following MUST be submitted to the Scholarship Chairperson. a. Official transcripts including first semester senior year grades and SAT/ACT scores.						
	b. Class rank and size of graduating class should be included.						
C	_ (0) 6	_			elors.		
d	. A student essay summ	narizing educatio	onal and ca	areer goals,	school and commu	nity service, and	
	a discussion of the sign	nificance of you	r Italian he	eritage.			
4. Scholarships are awards for academic excellence and service.							
5. Appli	5. Applications must be received by the Scholarship Chairperson NO LATER THAN MARCH 31.						
Signature of Applicant			Date				
Please return completed application to the Scholarship Chairperson.							

Name: Tony Rose

Address: 2100 Bernard Blvd. Endicott NY 13760