

ORDER SONS OF ITALY IN AMERICA
JOSEPH B. FRANZALIA LODGE #2422
808 SOUTH DRIVE, FORT WALTON BEACH, FLORIDA 32547
TELEPHONE: 850-862-2758



APPLICATION FOR SCHOLARSHIP - 2012 - CONTINUED

(A) APPLICANT'S INFORMATION:							
NAME:	LAST:		FIRST:		MI:		Gender:
ADDRESS:	NUMBER & STREET:						
CITY:			STATE:			ZIP:	
TELEPHONE #:			DATE OF BIRTH:				
				MM/DD/YYYY			

(B) FAMILY INFORMATION:			
FATHER'S NAME:		OCCUPATION:	
PLACE OF EMPLOYMENT:		ANNUAL INCOME:	
MOTHER'S MAIDEN NAME:		OCCUPATION:	
PLACE OF EMPLOYMENT:		ANNUAL INCOME:	

Proof of parent's income may be requested. Below list names and ages of brothers and sisters, and indicate if any are currently attending college. Please comply with all directions and be explicit.

NAME:		AGE:		In College Yes or No	IF YES, WHERE:	
NAME:		AGE:		In College Yes or No	IF YES, WHERE:	
NAME:		AGE:		In College Yes or No	IF YES, WHERE:	
NAME:		AGE:		In College Yes or No	IF YES, WHERE:	

(C) WORK EXPERIENCE:
List any work experience(s), dates of employment, and indicate if currently employed. Be specific.

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(D) SCHOOL INVOLVEMENT:

LIST ANY HONOR SOCIETIES (i.e. NATIONAL HONOR, SCIENCE HONOR, BETA, MATH, ETC) AND YEARS INVOLVED. BE SPECIFIC.

LIST ANY SCHOOL CLUBS OR ACTIVITIES AND YEARS INVOLVED WHILE IN SCHOOL: (BAND, SPORTS, ETC)

LIST ANY HONORS OR AWARDS RECEIVED IN SCHOOL:

LIST ANY DUAL ENROLLMENT / COLLEGE CLASSES YOU HAVE COMPLETED WITH DATES:

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(E) PERSONAL INTERESTS: WHAT ARE YOUR PERSONAL INTERESTS, HOBBIES AND PASTIMES?

(F) COMMUNITY INVOLVEMENT:

LIST COMMUNITY ORGANIZATIONS AND ACTIVITIES IN WHICH YOU HAVE BEEN INVOLVED AND DATES:

(G) COLLEGES AND UNIVERSITIES OF APPLICANT:

LIST THE COLLEGES AND UNIVERSITIES TO WHICH YOU HAVE APPLIED FOR ADMISSION. STATE IF YOU HAVE BEEN ACCEPTED.

1.
2.
3.

MAJOR:		MINOR:	
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(H) SCHOLARSHIP AND FINANCIAL AID

LIST ANY OTHER FINANCIAL ASSISTANCE AND/OR SCHOLARSHIPS YOU HAVE ALREADY RECEIVED OR FOR WHICH YOU ARE APPLYING

1.
2.
3.
4.

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I understand that:

- 1) This scholarship is based on scholastic achievement, participation in school and community activities and financial need.
- 2) If selected as a recipient, I will not receive the actual scholarship until I have been accepted at an accredited school. I shall notify the Sons of Italy Scholarship of my intent to enroll.
- 3) I must maintain enrollment as a full time college student to make use of the Sons of Italy scholarship funds.
- 4) Should I transfer to another school before using the available funds, the remaining funds may be transferred to another school of my choice. The Sons of Italy Scholarship chairperson must be notified immediately.
- 5) Should I cease to attend the school of my choice and not immediately transfer to another school, any moneys remaining in the fund shall be returned to the Sons of Italy.
- 6) The information provided to the Scholarship Committee will be used for the sole purpose of determining scholarship award and will not be divulged outside the Sons of Italy.

APPLICANT'S SIGNATURE: _____ DATE: _____

PARENT'S SIGNATURE: _____ DATE: _____

Please Note: This application must be COMPLETELY filled out. Incomplete applications will not be considered. Applications must be postmarked no later than 9 MARCH 2012.

Please mail the completed application, guidance department data sheet, scholarship checklist, OFFICIAL high school transcript and copy of SAT or ACT scores to:

**Order Sons of Italy Lodge #2422
ATTN: SCHOLARSHIP CHAIRPERSON
808 South Drive
Fort Walton Beach, FL 32547**