

2019 DUCA DEGLI ABRUZZI LODGE #443 Scholarship Application



(Please Print or Type)

Name: Last	First	Middle
Home Address	City	State Zip
Phone # () D.O.E	3. Mo Day Year	Sex: Male Female
College/Curriculum to which you are applying		Date Entering
Name of High School		Graduation date
Address of High 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. Applicants must complete all inform	nation on this form.	
2. Undergraduate awards are for current high school seniors who will begin full time undergraduate study		
in the fall after their senior year.		
3. The following MUST be submitted t	·	
a. Official transcripts including first semester senior year grades and SAT/ACT scores.		
b. Class rank and size of gradua	_	
c. Two (2) letters of recommer		
a. A student essay summarizing	_	s, school and community service, and
Scholarships are awards for academ		
5. Applications must be received by th		NIATER THAN MARCH 21
3. Applications must be received by th	e scholarship chan person we	LATER HIAN WARCH ST.
Signature of Applicant		Date
Please return comple	eted application to the Scholarsh	nip Chairperson.

Name: Tony Rose

Address: 2100 Bernard Blvd. Endicott NY 13760