



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/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 information 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 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. Two (2) 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.
4. Scholarships are awards for academic excellence and service.
5. Applications must be received by the Lodge Scholarship Chairperson NO LATER THAN MARCH 31.

Signature of Applicant _____ **Date** _____

E-Mail _____

Please return completed application to the Lodge Scholarship Chairperson.

Name: Tony Rose

Address: 2100 Bernard Blvd. Endicott, NY 13760