



LOGGIA MONA LISA NO. 2699

ORDER SONS OF ITALY IN AMERICA

8306 La Serena Dr, Tampa, Florida 33614

APPLICATION FOR 2017' SCHOLARSHIP

JOSEPH MAGLIATO \$ 500.00 SCHOLARSHIP (Schools outside Hillsbourgh County in the State of Florida) And

LEO RIZZOTTO \$500.00 SCHOLARSHIP

(Private Schools Hillsbourgh County in the State of Florida)

(A) APPLICANT'S INFORMA	TION		<u>.</u>
NAME			_SEX
(last)	(first)	(middle)	
ADDRESS	per and street)		
(numc	ber and street)		
(city) TELEPHONE NUMBER	(state)		(zip code)
TELEPHONE NUMBER		DATE OF BIRTH_	
SOC SEC #	DI ACE OF D	· IDTU	
SOC. SEC. #	FLACE OF B		
(B) FAMILY INFORMATION			<u>.</u>
EATHED'S NAME	,	OCCUDATION	
FATHER'S NAME		JCCUPATION	
PLACE OF EMPLOYMENT_	A	NNUAL INCOME	
MOTHER'S MAIDEN NAME_		OCCUPATION	
PLACE OF EMPLOYMENT_	Δ	NNIIAI INCOME	
TEACE OF EMILIOT MENT_		INTO TE INCOME	
LIST NAMES AND AGES OF	BROTHERS AND	SISTERS, AND IND	ICATE IF ANY
ARE CURRENTLY ATTENDI	NG COLLEGE. PI	LEASE COMPLY WIT	TH ALL
DIRECTIONS AND BE EXPLI	CIT.		
1. Name	Age	In college	
2. Name	Age	In college	
3. Name	Age	In college	
4. Name	Age	In college	
Applications must	be postmarked	l. no later than Ma	rch 31, 2017
Note: Please be sure to complete er			,

PLEASE NOTE: This application contains 4 pages, (A through J). Incomplete applications will not be returned or considered.

(C) SCHOOL INFORMATION			 	
NAME OF HIGH SCHOOL CURRENTLY A	TTEND	ING		
DATE OF GRADUATION				
GPA YEAR-BY-YEAR: WEIGHTED (must be complete) UNWEIGHTED	FR	SO SO	JR JR	SR SR
PSAT SCORES: VERBAL MAT	гн			
SAT SCORES: VERBAL MAT	гн			
ACT COMPOSITE SCORE:				
LIST SCHOOL CLUBS, OFFICES, AND AC	TIVITII	ES YOU AI	RE INVO	LVED IN.
(D) PERSONAL AND COMMUNITY INTER	RESTS,	AND HOB	BIES.	
LIST COMMUNITY ORGANIZATIONS AN BEEN INVOLVED.	ID ACT	IVITIES IN	WHICH	YOU HAVE
			,,,,,,,	·· <u>-</u>
WHAT ARE YOUR INTERESTS, HOBBIES ACTIVITIES?	s, PAST	IMES, ANI) LEISUR	RE
		 		
				
Note: Please be sure to complete entire application	n – if add	itional space	is needed	attach sheet.

(E) WORK EXPERIE	NCE
LIST ANY WORK EXP EMPLOYED.	PERIENCE(S), AND INDICATE IF YOU ARE CURRENTLY
F) COLLEGES AND	UNIVERSITIES OF APPLICATION
	AND UNIVERSITIES TO WHICH YOU HAVE APPLIED FOR F YOU HAVE BEEN ACCEPTED.
1	
2	
3	
IN WHAT SUBJECTS	DO YOU PLAN TO MAJOR AND MINOR?
MAJOR	MINOR
(G) SCHOLARSHIPS	S AND FINANCIAL AID
	NANCIAL AID AND/OR SCHOLARSHIPS YOU HAVE ALREADY /HICH YOU ARE APPLYING.
1	
2	
3	
	AGE
RECIPIENTS OF THIS YOUR OWN WORDS '	SCHOLARSHIP MUST BE OF ITALIAN DESCENT. DESCRIBE IN WHAT IS THE SINGLE MOST IMPORTANT CONTRIBUTION
	ERICANS MADE TO OUR SOCIETY AND HOW DID IT AFFECT ERICAN FAMILY VALUE".
	AND MUST BE A MAXIMUM OF 300 WORDS. YOU MAY USE A
SEPARATE SHEET.	
Note: Please be sure to c	omplete entire application— if additional space is needed attach sheet.

(I) AFFILIATIONS WITH ORDER SONS OF ITALY IN AMERICA
LIST ALL PRESENT OR PAST FAMILY MEMBERS WHO ARE OR HAVE BEEN MEMBERS OF THE ORDER SONS OF ITALY IN AMERICA. INCLUDE THE NUMBER OF THE LODGE (if know). (THIS IS INFORMATION ONLY, AND IS NOT A FACTOR IN THE DECISION-MAKING PROCESS.)
(J) TERMS OF APPLICATION
BY MY SIGNATURE BELOW, I CERTIFY THAT I AM OF ITALIAN DESCENT AND INTEND TO ENROLL AS A FULL-TIME STUDENT IN AN ACCREDITED JUNIOR COLLEGE, COLLEGE, OR UNIVERSITY IMMEDIATELY UPON GRADUATING FROM HIGH SCHOOL. I UNDERSTAND THAT ANY UNUSED PORTION OF THIS SCHOLARSHIP WILL BE RETURNED TO LOGGIA MONALISA #2699 ORDER SONS OF ITALY IN AMERICA. IF I CEASE ATTENDING CLASSES AND/OR WITHDRAW FROM SCHOOL WITHOUT IMMEDIATELY ENROLLING IN ANOTHER SCHOOL.
(Applicant's Signature) (Date)
(Applicant's Signature) (Date) (Parent's Signature) (Date)
(Parent's Signature) (Date) This application must be completely filled out. Incomplete applications will not be considered or returned. Scholarship winners will be notified, no later than April 25
(Parent's Signature) (Date) This application must be completely filled out. Incomplete applications will not be considered or returned. Scholarship winners will be notified, no later than April 25 2017, If not sooner. Please mail the completer application, check list and all applicable supporting documents, postmarked no later than March 31, 2017
(Parent's Signature) (Date) This application must be completely filled out. Incomplete applications will not be considered or returned. Scholarship winners will be notified, no later than April 25 2017, If not sooner. Please mail the completer application, check list and all applicable supporting documents, postmarked no later than March 31, 2017 TO: Loggia Mona Lisa No. 2699 C/O Antointte Caporice, Co-Chairman
(Parent's Signature) (Date) This application must be completely filled out. Incomplete applications will not be considered or returned. Scholarship winners will be notified, no later than April 25 2017, If not sooner. Please mail the completer application, check list and all applicable supporting documents, postmarked no later than March 31, 2017 TO: Loggia Mona Lisa No. 2699