## 2024 NEW YORK GRAND LODGE FOUNDATION GRANT AWARD APPLICATION

Biagio J. Isgro, Jr., Foundation President – Joanne Spera, Scholarship Chairperson

## **APPLICATION FORM (Please Print or Type)**

Name: Last	First	Middle _	
Home Address:	City	State	Zip
Phone #: Sex: Circle one <u>(Male/Female)</u>	Email:	Date of Birth:	://
College/Curriculum to which you are a	pplying.		
		Date entering	:
Name/Address of High School:			
	DAIL	Graduation D	Date:
FAMILY MEMBERS OF OSDIA LODGES MUS	T COMPLETE THE LODGE IDENTIFICATION SEC	TION BELOW. THIS IS NOT REQUIRED	FOR NON-AFFILIATED APPLICANTS
Lodge Name & Number:		ocation:	
OSDIA Member:	Relation:	hip to Student:	
President of Lodge:	Presider	t's Signature:	
Address of Lodge:		Phone#:	
DIRECTIONS TO APPLICANT: CHECK O			ΓE
Check <u>only</u> if applying for: Italia	n Studies Returning Student raduate/Science/Engineering R		
APPLICANTS MUST COMPLETE "ALL" INFO	RMATION ON THIS FORM		
<ol> <li>The following MUST be submitte transcripts including first semeste student essay (no more than 350 significance of your Italian heritag</li> <li>Applicant MUST be a resident of N</li> <li>A \$10 application fee, made paya</li> </ol>	rent high school seniors who will begin to d directly to the District Scholarship Ch r senior year grades and SAT/ACT scores <b>D words)</b> summarizing educational and e .(e) Required documentation (I.E.P.stat New York State and of Italian heritage/lir ble to the NY Grand Lodge Foundation, material MUST be sent to the District Sch	airperson for the applicant's lodge (c) Two letters of recommendation career goals, school and communi- tement) for Grant consideration. eage. Inc., MUST BE INCLUDED WITH AF	e or geographic district: (a) Off n from teachers or counselors. ( ity service and a discussion of PPLICATION.
6) Awards will be presented at a cere	emony within each respective district so	metime in June 2024.	
*** Signature of Applicant:		Date:	//
PLEASE CALL THE GRAND LOD	GE OFFICE AT 516-785-4623 FOR INFORI	MATION ON YOUR DISTRICT SCHOL	LARSHIP CHAIRPERSON
District Chairperson:	District:	Address:	