



**Italian  
Sons and Daughters  
of America**  
*We are Italian America.*

**Application for Scholarship Award**  **School Year** 2019/2020

Must be filed, together with proof of enrollment, no later than November 1, 2019.

**APPLICATION FOR FIRST, SECOND, THIRD OR FOURTH AWARD**

*Please Print*

Full Name \_\_\_\_\_ Phone \_\_\_\_\_  
Last First Middle

Permanent Address \_\_\_\_\_  
Street City and State Zip Code

Temporary Address \_\_\_\_\_  
Street City and State Zip Code

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Lodge Affiliation \_\_\_\_\_ Date Joined \_\_\_\_\_

High School Attended \_\_\_\_\_ Graduation Date \_\_\_\_\_

College or University \_\_\_\_\_

Date Enrolled \_\_\_\_\_ Projected Year of Study Completion \_\_\_\_\_

Course of Study \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Lodge Affiliation \_\_\_\_\_ Date Joined \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Lodge Affiliation \_\_\_\_\_ Date Joined \_\_\_\_\_

Date \_\_\_\_\_ *Applicant's Signature* \_\_\_\_\_

**PROOF OF ENROLLMENT MUST ACCOMPANY THIS APPLICATION**

# ISDA SCHOLARSHIP FUND

## *Rules for Qualifications*

Section 1. The applicant for a scholarship grant must be enrolled prior to his or her 16<sup>th</sup> birthday in any youth category in the ISDA. Applicant must be under 25 years of age.

Section 2. Both parents or those in "loco parentis" (acting as parents) to the applicant must be members of the ISDA and each must have two or more years seniority at the time the scholarship is awarded. Parents who are new members after 2017 must become insurance members. Membership in ISDA must continue for student and parents throughout the period of scholarship awards.

Section 3. The applicant must submit a letter of verification from the Registrar's Office to certify enrollment to an accredited college or university in a four-year degree program and must remain in good standing academically for each succeeding period of eligibility. (Note: A letter of admission/acceptance or copy of tuition bill is not acceptable for proof of enrollment; attaching them to the application will delay processing the scholarship award to the student-member.)

Section 4. Those students attending Community College and similar type colleges with two-year programs will be considered for the scholarship grant if and when they transfer to an accredited college or university in their third year. If qualified, they will be paid the scholarship grant for the first two years in addition to the third year. However, these students must furnish proof of enrollment and certification of having attended a Community College and similar type colleges for the two-year program when they apply for the ISDA scholarship grant in the third year.

Section 5. Students enrolled in a two-year nurses training program will be considered for the four-year scholarship grant if and when they continue their studies by enrolling in an accredited college or university for an additional two years to obtain their Bachelor's Degree. If qualified, they will be paid the scholarship grant for the first two years in addition to the third year. However, these students must furnish proof of enrollment and certification of having attended the two-year nurses training program when they apply for the ISDA scholarship grant in the third year.

Section 6. To continue eligibility for the scholarship grant, a scholarship application must be filed each school year.

Section 7. One scholarship grant shall be made for each year in a four-year course of study in a duly accredited college or university with a total of four grants for the entire course.

Applications are processed and reviewed by **THE ISDA SCHOLARSHIP COMMITTEE**. All decisions are final.

**HOME OFFICE USE ONLY**

( ) All information on the reverse side has been verified, proof of enrollment has been received, and applicant has met all the requirements for the Scholarship Award.

( ) Applicant has not met the requirements for the Scholarship Award under Section(s) \_\_\_\_\_ of the Rules and Regulations (explain): \_\_\_\_\_

Date \_\_\_\_\_ Office personnel: \_\_\_\_\_

### **For the Scholarship Committee:**

( ) Scholarship Award approved      ( ) Scholarship Award denied

( ) Scholarship Award withheld pending further information.

Date \_\_\_\_\_ Chairman: \_\_\_\_\_