



*New York State Grand Lodge Foundation, Inc.*

February 1, 2019

The NYS Order Sons and Daughters of Italy In America

Robert Ferrito, Foundation President - Michele Ment, Scholarship Chairperson

Mary Naccarato, Gift of Sight Chairperson

Once a year, the Gift of Sight Committee presents a special scholarship grant to a high school graduating student, who is legally blind or visually impaired. The award is \$1200. The award criteria are that the applicant must be a current high school graduate of Italian descent, who will begin full time undergraduate study in the fall.

As per the enclosed application, an official document of special need for blindness or visual impairment, must be submitted by a doctor or social services director. An official transcript of SAT/ACT scores, two letters of recommendation from teachers or counselors. Also required is a student essay summarizing educational and career goals, and proof of school and community service. A written discussion of the significance of Italian Heritage to the applicant must be submitted.

Applicants must be a resident of New York State.

A \$10.00 application fee must be included with each application.

Send application to:

Michele Ment, NYS Scholarship Chair:

1027 Farmers Mills Road, Carmel, NY 10512

"Gift of Sight" Scholarship Chair: Juliette Milazzo (516) 485-7011

For information and Tax - Deductible Donations, please contact: N.Y.S Order Sons and Daughters of Italy in America Grand Lodge Foundation, 2101 Bellmore Avenue, Bellmore, NY, 11710 or visit our website: [www.nysosia.org](http://www.nysosia.org).

Juliette Milazzo

Scholarship Chairperson Gift of Sight Committee

*2101 Bellmore Avenue, Bellmore, New York 11710 - Tel # 516.335-1525 - 320.322.6742 - Fax 516.231.6742*

New York Order Sons and Daughters of Italy In America Grand Lodge Foundation  
Gift of Sight 2019 Grant Application

Robert Ferrito, Foundation President Michele Ment, Scholarship Chairperson  
Mary Naccarato, Gift of Sight Chairperson

Application Form (Please Print or Type)

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Date of Birth: Mo \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ Sex: ☐ Male ☐ Female

College/Curriculum to which you are applying \_\_\_\_\_ Date entering \_\_\_\_\_

Name/Address of High School \_\_\_\_\_ Graduation Date \_\_\_\_\_

Family Members of OSIA Lodges Should Complete the Lodge Identification Section Below!  
This is Not Required for Other Applicants.

Lodge Name & Number \_\_\_\_\_ mailing address \_\_\_\_\_  
hereby supports the scholarship application of the above student.

Member \_\_\_\_\_ Relationship to Student \_\_\_\_\_

President of Lodge \_\_\_\_\_ Signature of President \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

**APPLICANTS MUST COMPLETE ALL INFORMATION ON THIS FORM.**

1. undergraduate awards are for current high school graduates who will begin full time undergraduate study in the Fall 2019 semester. Graduate awards are for college graduates who will begin graduate study in the Fall 2019 semester. If chosen as a recipient, awards will be made payable to the recipient and the institution.
2. The following **MUST** be submitted directly to the District Scholarship Chairperson for the applicant's lodge or geographic district: (a) Official transcripts including first semester senior year grades and SAT/ACT scores. (b) Official documentation of special need: Legally/Blind or visually impaired. (c) Two 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.
3. Applicant must be a resident of New York State and of Italian heritage.
4. A \$10.00 application fee, made payable to the NY Grand Lodge Foundation, Inc. must be included with application.
5. Application fee and supporting material must be sent to the District Scholarship Chairperson **NO LATER THAN MARCH 31, 2019.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN COMPLETED APPLICATION TO DISTRICT SCHOLARSHIP CHAIRPERSON**  
NAME\_ Michele Ment, New York Grand Lodge Scholarship Chairperson  
ADDRESS\_ 1027 Farmers Mill Road, Carmel, New York 10512