



**ORDER SONS AND  
DAUGHTERS OF ITALY  
KEY WEST, LODGE 2436**

**2025 Scholarship Application**

**General Eligibility:**

Applicants must be U.S. citizens of Italian descent (at least one Italian or Italian-American parent or grandparent) enrolled in an undergraduate program at an accredited academic institution or trade school for the fall term.

**Scholarship Application Checklist**

In order to be considered for a scholarship you must complete and return this checklist and the attached three (3) page application, postmarked no later than March 31<sup>st</sup>, 2025. You must include each of the following documents:

- This checklist indicating which documents you have included in your submission.
- Scholarship Application (3) three pages.
- Official stamped High School Transcript
- Copy of SAT Scores and / or ACT Scores, if taken
- 750 **minimum** word essay on one of the topic choices listed below
- The Lodge Membership Application, to be **completed by the Parent or Guardian**

**Essay topic Choices:**

- The Hollywood Impact: the effects of stereotyping Italian-Americans in Movies and on Television.
- La Famiglia: The importance of Traditional Italian-American Family Values in Modern Day America.
- From Humble beginnings: The single most important contribution of Italian-Americans to Society.

Scholarship awardees will be notified in mid April. The winners will be asked to attend a Lodge meeting to be formally recognized and to read the essay.

The Sons and Daughters of Italy Key West Lodge 2436 reserves the right to not award any scholarships in any given year. **Scholarship funds are paid directly to the Trade School, College or University upon presentation of proof of enrollment.**

The final determination of scholarship awards will be made by the Sons and Daughters of Italy Lodge 2436 Scholarship Committee based upon academic performance and the essay.

Applicant Name: \_\_\_\_\_



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## APPLICATION FOR ACADEMIC SCHOLARSHIP

(PLEASE COPY AS NEEDED) (THE CONTENTS OF THIS APPLICATION ARE CONFIDENTIAL)

To the Sons and Daughters of Italy Key West Lodge 2436 Scholarship Chairperson:

I hereby apply for a scholarship being awarded **April 2025**. In support of this application, I submit the following information and certify it true and correct. I understand that if any information submitted is determined to be untrue or incorrect, the committee may reject the application.

I also understand and agree that if I am awarded a scholarship by the Sons and Daughters of Italy Key West Lodge, it will be payable only upon proof of enrollment of a recognized trade school, community college or accredited college or university, public or private, offering academic or trade courses leading to an academic degree or tradesman certificate.

**Final Acceptance Date:** \_\_\_\_\_

**Answer ALL Questions:** No application will be considered unless all questions are answered. (Typing is recommended). **Note: Applicants must submit an official transcript from their high school:**

### A. Applicants Information:

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

### B. Family Information:

Name and address of Father or Guardian \_\_\_\_\_

Name and address of Mother \_\_\_\_\_

Maiden Name of Mother \_\_\_\_\_

List names of brothers and sisters, indicate if any are currently attending college.

1. Name: \_\_\_\_\_ age: \_\_\_\_\_ In College: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

2. Name: \_\_\_\_\_ age: \_\_\_\_\_ In College: \_\_\_\_\_

3. Name: \_\_\_\_\_ age: \_\_\_\_\_ In College: \_\_\_\_\_

Is your family a member of the Sons of Italy? \_\_\_\_\_ If so, what lodge? \_\_\_\_\_

Do you or did you have a family member that was a member of the Sons of Italy in America? \_\_\_\_\_

Is the family member currently a member? \_\_\_\_\_ If so, member's name, relationship and address:

\_\_\_\_\_

Lodge name/location \_\_\_\_\_

### **C. School Information:**

High School \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

High School Phone ( \_\_\_\_\_ ) \_\_\_\_\_ GPA \_\_\_\_\_

High School Contact \_\_\_\_\_

Counselor or Principal \_\_\_\_\_ Email address, if available \_\_\_\_\_

D. What college or university do you plan to attend?

E. What major or principal study will you pursue?

F. List school clubs, offices held, and activities involved in.

G. List the community organizations and activities in which you have been involved with.

H. What are your personal interests, hobbies, pastimes, and leisure activities?

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

I. **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 trade school, Junior College, College or University. I further understand that any unused portion of this scholarship will be returned to the Sons and Daughters of Italy Key West Lodge 2436 if I cease attending classes and/or withdraw from school without immediately enrolling in another accredited learning institution or trade school.

Please certify by signing below.

Applicant \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

**Please comply with all of the above so that your application can be processed.**

Mail the completed application to:

Sons and Daughters of Italy KW Lodge 2436  
P O Box 5838  
Key West FL 33045-5838

Please send an e-mail to [sonsanddaughterskeywest@gmail.com](mailto:sonsanddaughterskeywest@gmail.com) to inform the lodge that you have applied. Do not send your application by email.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_



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# MEMBERSHIP APPLICATION



**Type or print legibly and answer all questions below:**

Type of membership: Regular Member  Social Member  Transfer  Reinstatement

I, hereby apply for membership in the Sons and Daughters of Italy KW Lodge Lodge # 2436  
of the Grand Lodge of Florida, Order Sons of Italy in America, Inc. (O.S.I.A.)

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone # ( ) \_\_\_\_\_ Email: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

Are you of Italian descent or married to or adopted by someone of Italian descent? Yes  No

**If you Do Not have an Italian surname, indicate relationship of your Italian lineage and family name to be considered for Regular membership:** \_\_\_\_\_

Have you ever held membership in the Order Sons of Italy in America? Yes  No

Name of Lodge and Number: \_\_\_\_\_ Date membership discontinued \_\_\_\_\_

Have you ever been convicted of a Felony? Yes  No

***Applicant statement: I do solemnly swear that the answers to all questions are true and that if any misstatements are discovered anywhere in this application, I shall abide by the disciplinary measures taken by the Order, including rendering this application null and void.***

***If accepted as a member, I agree to be bound by the present and future Laws of the Supreme Lodge, of the Grand Lodge of Florida, and for the Lodge of which I become a member. I believe in the fundamental principle of God and country, and do not profess any doctrine which aims to unlawfully overthrow the social order or the organized government by force or violence. Any member or applicant, who commits fraud in gaining admittance into the Order, may be subject to sanctions including expulsion from the Order.***

Applicant Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

***I affirm that I know the applicant and believe that this person is of good moral character and qualifies to become a member of the Order.***

Applicant's Sponsor \_\_\_\_\_ Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

**LODGE MUST FILL OUT THE INFORMATION ON THIS APPLICATION TO BE VALID. Financial Secretary must attach this original form to Per-Capita Quarterly Report for validation by the State Financial Secretary.**

Date application received: \_\_\_\_\_ Date member was approved by the assembly \_\_\_\_\_

Date member was initiated \_\_\_\_\_ X \_\_\_\_\_

All dates must be filled in to complete form **Lodge Financial Secretary Name** **Signature**

**VALIDATED BY GRAND LODGE:** \_\_\_\_\_ **By:** \_\_\_\_\_



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# ORDER SONS OF ITALY IN AMERICA

## GRAND LODGE OF FLORIDA

\_\_\_\_\_ Lodge # \_\_\_\_\_

## OATH OF INITIATION

"I (*Printed Name*) \_\_\_\_\_ do solemnly declare and promise to accept and respect the principles upon which the Order Sons of Italy in America is based; the laws of the Supreme Lodge; of the Grand Lodge, and of my Lodge. I believe in God and in our country, and promise to obey, uphold and defend its Constitution and laws. I believe in government by orderly process and do not believe in any doctrines which tend to unlawfully subvert constituted government and authority. I have an affectionate and high regard for the rich culture, traditions and history of the land of our ancestors. I promise to be bound by the deliberations of the majority; to obey the orders of the national president, the state president and the president of this lodge; and finally, I promise to support the charitable endeavors of the order."

Do you promise that you will faithfully conform to what you have just read?

SIGNED:

\_\_\_\_\_

*New Member Signature*

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