## **ITALIAN AMERICAN WOMEN OF IOWA**

## Italian American Women of Iowa Scholarship Application

Please <b>type</b> or <b>print</b> your answers. If application is illegible it will not be considered.								
1.	Last Name:			First Name:				
2.	Mailing Address:: Street:							
		City:	State:	ZIP:				
3.	Daytime Telephone Number: ( )							
4.	Date of Birth:	Month	Day	Year				
5.	High School/College presently attending:							
6.	Grade Point Average (GPA): (On a 4.0 scale) Attach proof of GPA. Your most recent official school transcript required.							
7.	Anticipated graduation date:							
8.	I will be attending the following school in the Fall of 2025  Name:   Address:  City/State/Zip  Financial Contact Name:							
	Proof of acceptance or current student enrollment from the above school is required prior to receipt of funds							
9.	What specialty/major do you plan to pursue?							
10	Estimated date of college/trade/vocational school graduation:							

. 11	Nan Add City	Name & address of parent or grandparent that are members of Italian American Women of Iowa:  Name:  Address:  City, State, Zip  Phone Number of parent/grandparent:						
12	List expenses you expect to incur per semester or quarter:							
	A.	Tuition:						
	B.	Books:						
	C.	Room & Board:						
	D.	Other expenses: (Describe below under comments)						
Comments:								
1	3.	What are your educational and professional goals and objectives? (Attach if preferred)						

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15.	Li: (A	st your cor	nmunity seferred)	service ac	tivities, atl	nletics, hot	obies, o	utside inter	ests, and e	extracurric	ular activit	ties:
16.	16. Personal Essay											
whic	On a separate attachment, submit an original essay of 200-450 words about a personal experience which demonstrated or generated pride in your Italian heritage.  17. If you received the scholarship, would you be willing to speak and/or write something for our website											
						or success		speak allu	IOI WIILE S	omeumy	ioi oui v	VCDSILE
				Yes	N	lo	M	laybe				

18.	Letter of Verification: Submit a letter of verification from the Registrar's office to certify enrollment to an accredited institution with good academic standing.
19.	The following items must be attached to this application in order for the application to qualify to be reviewed by the scholarship committee. Incomplete applications will not be considered.
	Two reference letters. Submit 2 reference letters (teachers, professors or educational administrators)
	Most recent official transcript: Official Transcripts: Submit one official transcript from each academic institution attended through Dec. 2024. High school students: Transcripts should include class rank, class size, and GPA if available. Undergraduates: Submit high school and undergraduate transcripts. Graduates: Submit undergraduate and graduate transcripts.
	Essay

## STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the scholarship program.

Signature of scholarship applicant:	 	 
Date:		

Please return all required materials to: <a href="mailto:iawofiowa@gmail.com">iawofiowa@gmail.com</a> or Italian American Women of Iowa (IAWI) PO BOX 21116 Des Moines, IA 50312