

**NATIONAL ORGANIZATION OF ITALIAN AMERICAN WOMEN
CULTURAL EXCHANGE PROGRAM**

APPLICATION FORM 2010

Last name:

First name:

Date of birth:

Current address: Street

City

State

Zip

E-mail address:

Tel. number:

Cell number:

Citizenship:

Passport number:

Expiration date:

(If you do not have a valid passport, you will need to obtain one if selected)

Parents/emergency contact information

Name:

Address:

Home phone:

Business phone:

Cell phone:

Have you visited Italy before?

If yes, please indicate where, when, etc.

Have you previously traveled out of the United States?

If yes, please indicate where, when, etc.

College/University currently enrolled in:

Major:

Minor:

Current academic year:

Do you live on campus or commute from home?

Are you employed or working as an intern?

Please check one to describe your knowledge of the Italian language:

	<u>Fluent</u>	<u>Functional/Conversant</u>
Speak		
Comprehend		
Read		
Write		

Is Italian spoken in your home?

How did you learn of this program?

Do you have a special diet or other special needs (i.e. vegetarian or allergies to certain foods)? YES NO

If yes, please specify:

Do you have allergies or are you allergic to house pets? YES NO

If yes, please specify:

Do you have any chronic health conditions for which you take medication? YES NO

If yes, please specify and list medications taken:

Do you smoke? YES NO

Please write a detailed essay telling us about you and your family. Describe your interest in the Italian language and culture and why you would like to participate in the Cultural Exchange Program, how you feel that participation in the program would impact your life and how you feel you could give back after such an experience. Would you be willing to mentor a high school student? Would you be willing to volunteer with NOIAW or another organization if feasible? Please include any additional information that you feel we need to know about you. (About a page in length)

An academic reference letter and a personal reference letter must be submitted for a completed application.

I ATTEST THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUE.

SIGN NAME

DATE

If you require more space to answer any of the questions please attach your responses on a separate sheet of paper.

Please submit completed application with \$25 check for processing fee payable to the National Organization of Italian American Women.