

THE NATIONAL ORGANIZATION OF ITALIAN AMERICAN WOMEN

Scholarship Application

Name: _____
(first) (last)

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone#: _____

Name of New York City College: _____

Degree: Associate _____ Bachelor _____ Master _____ Other _____

Major: _____ Expected Date of Graduation: _____

Total credits completed: _____ Cumulative GPA: _____

Please attach your resume and student transcript to the application.

Completed applications are to be submitted to:

Donna de Matteo, Scholarship Committee Co-Chair
144-11 South Drive
Malba, NY 11357

Deadline: February 28, 2008

Affirmation: I affirm that, to the best of my knowledge, all information and statements provided in this application form are complete and accurate. I also agree to supply all academic and other supporting materials requested by the Scholarship Committee. I understand that any false or misleading information or statements will disqualify me from further consideration for this award.

Signed: _____

Date: _____