

*The National Organization of Italian American Women*

25 W. 43<sup>rd</sup> St., Ste. 1005 – New York, NY – 10036

212.642.2003 – [www.noiaaw.org](http://www.noiaaw.org) - [noiaaw@noiaaw.org](mailto:noiaaw@noiaaw.org)

**SCHOLARSHIP APPLICATION**

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

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of College: \_\_\_\_\_

Degree: Associate \_\_\_\_\_ Bachelor \_\_\_\_\_ Master \_\_\_\_\_ Other \_\_\_\_\_

Major: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

Total credits completed: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

*Application and required materials should be submitted to:*

**NOIAW**

**Attn: Nicole Bufanio**

**25 W. 43<sup>rd</sup> St., Ste. 1005**

**New York, NY 10036**

**Deadline: Friday, March 19, 2010**

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: \_\_\_\_\_

Dated: \_\_\_\_\_