



2024 FESTITALIA SCHOLARSHIP APPLICATION FORM

Please complete the below and submit along with your essay, proof of average, resume, proof of acceptance, and one reference letter.

NAME:

ADDRESS:

TELEPHONE NUMBER:

EMAIL:

UNIVERSITY/COLLEGE ATTENDING IN SEPTEMBER AND PROGRAM:

ITALIAN ANCESTRY & REGIONAL CONNECTION (ex. my mother was born in Rome):

Declaration

I, _____, hereby declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false statements or omissions may disqualify me from the scholarship consideration.

Signature: _____

Date: _____

Privacy Statement

All information collected in this application will be used solely to evaluate candidates for the Italian Heritage Scholarship. Your information will not be shared with third parties without your consent.