

## 1TALIAN AMERICAN WOMEN'S ASSOCIATION 2024 IAWA HERITAGE SCHOLARSHIP

The Italian American Women's Association (IAWA) is a local organization that promotes interest in Italian heritage through socialization, educational activities, philanthropic endeavors, and community involvement. One of our main objectives is to provide scholarship money to help women of Italian descent achieve their goals through educational pursuits. The amount of each scholarship given is established by the members of the Italian American Women's Association and contingent upon the academic cost of each institution.

To apply for this scholarship opportunity, the following requirements must be met:

- The applicant must be a female of Italian descent.
- The applicant must be enrolled in an educational program in an accredited school.
- The applicant must submit a completed application that includes all required information.
- The application must be submitted by the indicated deadline.

If you know of any students who fit the qualifications and would be interested in applying, please communicate this information to them.

Thank you for your interest in this scholarship opportunity. For additional information regarding our organization, the scholarship, or to obtain the application itself, please feel free to call Karen LaPaglia at 814-392-3247 or email her at karen.lapaglia@verizon.net.



## ITALIAN AMERICAN WOMEN'S ASSOCIATION 2024 HERITAGE SCHOLARSHIP

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APPLIC	CATION REQUIR					
•	APPLICANT MUST BE A FEMALE OF ITALIAN DESCENT (MOTHER AND/OR FATHER).					
•	ON THE SECOND PAGE, APPLICANT MUST SUBMIT SHORT ANSWERS TO THE FOUR QUESTIONS LISTED.					
•	APPLICANT MUST SUBMIT ONE (1) SIGNED AND SEALED RECOMMENDATION (SCHOOL ADMINISTRATOR, RELIGIOUS LEADER, COMMUNITY LEADER, EMPLOYER, ETC <i>NON-FAMILY</i> ).					
•	MUST BE ACCE	PTED / ENROLLED AT	ONE OF THE SCHOO	OLS/PROGRAMS LISTED BELOW.		
•	THE APPLICATION AND ESSAY DEADLINE IS JUNE 15, 2024. IT CAN BE SUBMITTED BY EMAIL TO IAWAERIEPA1984@GMAIL.COM. FOR ADDITIONAL INFORMATION ABOUT OUR ORGANIZATION, THE SCHOLARSHIP, OR ANY ADDITIONAL QUESTIONS, PLEASE CALL KAREN LAPAGLIA AT 814-392-3247. AN LATE ENTREES WILL NOT BE CONSIDERED.					
[Scho	DLARSHIP FUND	OS WILL BE SUBMIT	TED DIRECTLY TO	O THE POST-SECONDARY INSTITUTION	on.]	
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PART	TICIPATING S	CHOOLS (Check	the school to w	which you have been accepted.)		
		ameson School of	f Nursing at UPI	MC Hamot		
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	Cosm	netology Operator	•			
	Great Lakes Institute of Technology					
	Dent	al Assistant				
	Erie Institut	e of Technology				
		Phlebotomy				
		Network — Da	tabase Design			
		Welding				

## Please complete the following questions.

- In order to describe your Italian heritage, please identify your Italian family name and/or the area of Italy from which your family came.
- How will this scholarship help you achieve your educational goals?
- What is one obstacle that could prevent you from reaching your educational goals?
- Why are you deserving of this scholarship?

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