



Student Scholarship Application 2024-2025

Part A Student Information

Student Name: _____ Date: _____

H.S. Student Parent/Guardian Name: _____ Parent Email: _____

Parent Name: _____ Parent Phone: _____
Last First M.I.

Home Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

School Name: _____

School Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Additional Information

Italian Courses offered at your school: _____ Highest Level Course Offered at your school: _____

Italian courses you have completed & Final Averages: _____ Current Italian Course & Average: _____

Highest Level of Italian completed: _____ Student GPA: _____

Leadership Activities & Positions: _____

Finally, please provide a word-processed letter with the following details:

- how the study of Italian has impacted your life as a student
- why you are deserving of this award
- how will the award benefit you
- what your commitment to the study of Italian will be in college and even beyond

Part B To Be Completed by Teacher or Professor of Italian

Full Name: _____

Phone Number: _____ Email Address: _____

Are you a current member of ITANJ? _____

If not, please follow the membership link: <https://itanj.org/membership>

Which of your courses has this student completed?: _____

Please provide a word-processed recommendation letter for your student. Please be sure to describe how this student is set apart from all other applicants applying for this award.