



LIADO Italian American Women of Today SCHOLARSHIP APPLICATION

APPLICANT BASIC INFORMATION

*First Name _____ Last Name _____

*Email _____ Cell/Home Phone _____

*Street Address _____ City _____ State _____ Zip _____

Are you related to a current member of LIADO? Please check one: _____ YES _____ NO

If YES, please provide the name and relationship: _____

How did you hear about our LIADO Scholarship? (75-word limit)

*Italian ancestry: Please describe your ties to Italy, for example, *where your family is from, when they came to America, etc.* (75-word limit)

SCHOOL INFORMATION

*Name of school you are currently or planning on attending _____

Name of accredited University / College* / Vocational* school you PLAN to attend:

*I have been ACCEPTED ____ OR I am ATTENDING this school ____

*Major (Current or Planned) _____

*Total Credits completed: _____ *Current GPA _____ *Cumulative GPA _____

Anticipated date of graduation: _____

IF APPLICABLE: SAT Score _____ ACT Score _____

Any additional Academic tests? Indicate the test and Score. _____

IF APPLICABLE:

Vocational: Apprenticeship / Area of Study _____

Please list any School or Community. club, sport, or volunteer activity in which you were or are involved, the dates you were involved, and any leadership position you held:

Name of Organization _____ Name of Organization _____

Dates involved _____ Dates involved _____

Leadership Position _____ Leadership Position _____

Name of Organization _____ Name of Organization _____

Dates involved _____ Dates involved _____

Leadership Position _____ Leadership Position _____

Name of Organization _____ Name of Organization _____

Dates involved _____ Dates involved _____

Leadership Position _____ Leadership Position _____

Name of Organization _____ Name of Organization _____

Dates involved _____ Dates involved _____

Leadership Position _____ Leadership Position _____

Name of Organization _____ Name of Organization _____

Dates involved _____ Dates involved _____

Leadership Position _____ Leadership Position _____

IF APPLICABLE:

Please list your employment or apprenticeship experience while you were in school:

Name of Employer (Company) or Apprenticeship Program:

Name of your Supervisor / Mentor:

Name of Employer (Company) or Apprenticeship Program:

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Name of your Supervisor / Mentor:

***LIADO SCHOLARSHIP ESSAYS:**

You must answer all four questions keeping your audience in mind and responding in an academic or professional manner. The maximum word count per question is 250 words.

QUESTION ONE:

Describe the purpose and goals of your academic/vocational pursuit; how do you feel this scholarship

will help prepare you for your success in both your intended major and your life goals in general?

QUESTION TWO:

Briefly explain what endeavors you have undertaken that have given you the greatest satisfaction and where you feel you have made a difference in the lives of others.

QUESTION THREE:

How has being an Italian American impacted you personally and professionally?

QUESTION FOUR:

Please explain why **LIADO, The Italian American Women of Today** should consider you for a scholarship.

ADDITIONAL REQUIRED MATERIALS

All materials must be submitted online and received by the **deadline of 1 May** . Required materials received after the deadline will not be accepted under any circumstances.

LIADO takes no responsibility for incomplete or late applications. Personal statements provided or mailed to LIADO are not subject to return and will become the property of LIADO.

Please email the remaining required materials as PDF or JPG attachments to LIADO general inbox, LIADOSisters@gmail.com

- This application and all essay question answers
- Official high school or college transcript as applicable:
- *A signed academic reference letter and personal reference letter must be submitted via email

to LIADOSisters@gmail.com and is a required part of the completed scholarship application.

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 to the Scholarship Committee by the deadline, to be considered. I understand that any false or misleading information or statements will disqualify me from further consideration for this award. *Please type your name below in acknowledgment of the above statement.* *

***Final Step to Completion - Application Fee of \$15.00**

(This small fee covers the cost of our printing supplies, marketing, and mail fees.)



Pay the application fee on our website [here](#). Alternatively, you may scan and follow the QR code below,

Alternatively, you can pay by check. Please make the check payable to **LIADO** and mail it to **P.O. Box 1767, New Port Richey, FL 34656**. The application fee must be received by **May 1** of the current scholarship year.

Please do not mail any other application materials, apart from a check, to this address.

All other application materials must be submitted digitally.