

SONS OF ITALY SCHOLARSHIP APPLICATION

Please print legibly. Please answer all questions.

To apply, please fill out the application and send it in along with the following documents:

 □ A 500 – 750 word essay on the following prompt: A personal experience that demonstrated or generated pride in your Italian heritage □ One official transcript from each academic institution attended • High school students: transcripts should include class rank, class size, and GPA • Undergraduate students: submit high school and undergraduate transcripts • Graduate students: submit undergraduate and graduate transcripts □ 2 Letters of recommendation from teachers, professors, or educational administrators □ Resume: outline extracurricular activities, work experience, volunteer service and honors □ Test Scores (if available): ACT, SAT, GMAT, GRE, LSAT, MCAT, etc. 					
PERSONAL INFORMATION					
Name					
Country of citizenship		Male 🗆 Female 🗆			
Birth date (mm/dd/yyyy)					
Date of entry at AUR (mm/do	d/yyyy)/	′ <u></u>			
Major					
CONTACT DETAILS					
Mailing address					
City	Sta	te/Province			
Postal Code	Country				
Home phone	Mobile _				
Email address					

READ, SIGN, AND DATE BELOW

The Sons of Italy Scholarship totals \$2,500 per semester. Funds awarded must be applied to tuition expenses. Scholarships are awarded for the academic year and will be allocated in equal parts between the Fall and Spring semesters. Students must also maintain full time status. The recipient will be chosen by the Sons of Italy Committee. Students will be assessed based on their academic merit, essay response, and community service/volunteerism.

If you have any questions, please contact the Financial Aid Administrator.

Please send or hand deliver your application along with all supporting documents to:

By Mail: Financial Aid Administrator The American University of Rome Via Pietro Roselli, 4 00153 Rome, Italy By Email: financialaid@aur.edu

I have read and fully understand "The American University of Rome Scholarship Information". All of the information provided by me or any other person on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give further proof to the information I have given on this form. I also realize that if I do not provide AUR with proper documentation, the scholarship may be denied.

SIGNATURE OF APPLICANT		
DATE / /		