



## SCHOLARSHIP APPLICATION

<b>Last Name</b>	<b>First Name</b>	<b>Nickname</b>
<b>Street Address</b>	<b>City</b>	<b>State and Zip Code</b>
<b>Email Address</b>	<b>Current GPA</b>	<b>Previous Years of Italian Study (not required)</b>
<b>Home Number</b>	<b>Cell Phone Number</b>	<b>Date of Birth</b>
<b>Current School Attending</b>	<b>Address</b>	<b>State and Zip Code</b>
<b>Program Participating in:</b> January _____ Session: _____ Summer _____ Session: _____	<b>Program Length:</b> 2 week ____ 3 week ____ 4 week ____	

**In a short essay on a separate page, explain why you are interested in studying the Italian Language in Taormina, Sicily at Babilonia – Center for Italian Language and Culture.**

**Teacher Recommendation – to be given to a teacher to complete. Signed recommendation must be either faxed to 603-894-5552 or emailed to [studyabroad@studiareitaliano.com](mailto:studyabroad@studiareitaliano.com) directly by teacher.**



Dear Teacher:

Your student is applying for a scholarship which will support his/her interest in studying the Italian language in Taormina, Sicily. Please complete this form and return by fax to 603-894-5552 or via email to: [studyabroad@studiareitaliano.com](mailto:studyabroad@studiareitaliano.com). Thank you for supporting your student's interest in studying at Babilonia – Center for Italian Language and Culture.

Sincerely,

Donnamarie Kelly Pignone  
Academic Advisor  
978-828-3228 US Cell

Teacher - Last Name	Teacher - First Name	School Affiliation
School Address	City	State and Zip Code
Office phone number	Office mailing address	Email Address
Name of student recommended for scholarship	How long have you known student?	In what capacity do you know student?

Please give a short explanation why you believe that the student identified should be awarded a scholarship to support his/her interest in studying the Italian Language.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

