



Federazione Abruzzese Di Hamilton e Distretto

C/O Hamilton Italian Centre
420 Crerar Dr. Hamilton, ON L9A 5K3
Tel: (905) 527-3400 fedabruzzo14@gmail.com
<https://www.facebook.com/2016abruzzo2/>

Application Form

Please complete and return this form along with your essay, a resume outlining your community involvement and a copy of your official transcript, NO LATER than

Monday, *June 16th* to:

“Federazione Abruzzese Scholarship”

c/o Elda Faiella

50 Kingsview Drive, Stoney Creek, Ontario L8J 3X6

To ensure fairness in the judging process, please note that the judges will make their decisions without knowledge of the names of the applicants.

The awards will be presented at the **FESTITALIA ABRUZZESE REGIONAL FOOD Dinner**, taking place **Wednesday, September 17th, 2025** at LiUNA Station James St. N.

Name: _____

Address: _____

Home Phone #: () _____ Cell Phone #:() _____

Which University or College will you be attending in September 2025?

Applicants will have completed, as a minimum requirement, the first year of University or College.

INDICATE YOUR ABRUZZESE ORIGIN BY INCLUDING THE LAST NAME OF YOUR ABRUZZESE LINK AND THE NAME OF THE TOWN IN ABRUZZO WHERE YOU CAN TRACE YOUR FAMILY ORIGINS.

Last Name: _____ Abruzzese Origin: _____

Is one of your parents a member of the Federazione Abruzzese Hamilton and district? Yes _____

No _____

Good Luck to All

L'Aquila Chieti ABRUZZO Pescara Teramo

