

The Armenian Scholarship Foundation, Inc.

Award Application Form

Candidate Information (To be completed by applicant)

Name:	_____	_____	_____
	First	Middle	Last
Home Address:	_____		
	Street		

	City	State	Zip Code
Email Address:	_____	Phone # (____) _____	
Date of Birth:	_____		

High School / College Information

Applicant's High School:	_____		
Graduation Date or Expected Graduation Date:	_____		
Name of College:	_____		
College Address:	_____		
	Street		

	City	State	Zip Code

Parent Information

	Father or Guardian	Mother or Guardian
Name:	_____	_____
Daytime Telephone:	_____	_____
Occupation:	_____	_____
Employer/Business:	_____	_____
College Education, If Any:	_____	_____
Degree/Year:	_____	_____

**Students must have high school transcripts sent to
The Armenian Scholarship Foundation, Inc. Scholarship Committee**

Academic Information

Area of Academic Interest: _____

Counselor's Name: _____

Essays (Please answer the following questions, numbered appropriately, on a separate attachment.)

1. Please list in detail your extracurricular activities, work/internship experience, community involvement, awards, honors, and leadership positions using additional paper if necessary.

As explained in the instructions to this application, The Armenian Scholarship Foundation, Inc. Scholarship Award is available only to students who are substantially involved in the Armenian Community **or** who are of Armenian descent. For the purposes of this application, the Armenian Scholarship Foundation defines "Armenian descent" as having been born in Armenia or having at least one parent or ancestor whose country of birth is Armenia.

2. Are you of Armenian descent (as defined above)? Yes No.

If "Yes," please explain in what way you are of Armenian descent (as defined above). Please be specific.

If "No," please describe your involvement in the Armenian Community.

3. Are there any circumstances that you would like The Armenian Scholarship Foundation, Inc. Scholarship Committee to know?

4. In 500 words or less, please write an essay based on **ONE** of the following essay topics:

1. How do you believe receiving this scholarship will help you give back to the Armenian community?

2. What has been the largest obstacle you have faced in your lifetime and how were you able to overcome it?

Required Statement

If I am an applicant living in the United States, I understand that before any award can be made I must first apply to and be accepted at a recognized institution of higher learning. If I am an applicant living in Armenia, I understand that before any award can be made, I must first complete at least one semester as a full-time student at a recognized institution of higher learning. I realize that accepting The Armenian Scholarship Foundation, Inc. Scholarship Award requires me to register for and complete at least the course load required to retain standing as a full-time student at the institution that I am attending. The award will be made for one academic year. I understand that if I receive a grant, I must submit a current college transcript to The Armenian Scholarship Foundation, Inc. Scholarship Committee at the end of the academic year along with a summary of extracurricular activities undertaken and any honors or recognition received. The information provided on this application is correct and true to the best of my knowledge. I hereby authorize the release to The Armenian Scholarship Foundation, Inc. Scholarship Committee of any information held or to be held by either secondary school, college, or university officials, or others, including but not limited to personal evaluations and transcripts. I understand that this material may be kept confidential both from me and the public, and I waive any right of access that I might have by law. I agree to permit my name, likeness, and non-financial information to be used in connection with any public disclosure of The Armenian Scholarship Foundation, Inc. Scholarship Award.

Signature

Date

Mail to: The Armenian Scholarship Foundation, Inc. Scholarship Committee
c/o Ani Boghossian, 14 Sandrick Rd. Belmont, MA 02478

Applicant's Proposed Budget for the 2004-2005 Academic Year

<u>ESTIMATED RESOURCES</u>		<u>ESTIMATED EXPENSES</u>	
A. From Parents or Guardian	\$ _____	A. Tuition	\$ _____
From Relatives and Friends	\$ _____	B. Room and Board	\$ _____
From Savings or Assets	\$ _____	C. Student Fees	\$ _____
From Student Earnings	\$ _____	D. Books and Supplies	\$ _____
*B. From Other Schols./Grants	\$ _____	E. Travel	\$ _____
C. From Other Loans	\$ _____	F. Other	\$ _____
D. From Other Sources	\$ _____		
Total Estimated Resources	\$ _____	Total Estimated Expenses	\$ _____
Total Estimated Need of Applicant (Resources - Expenses) \$ _____			

* Enter only scholarships and grants that have been awarded at the time of your application. If additional information is received on Scholarships/Grants or Loans after the **June 1, 2004** deadline, please make this information available to:

The Armenian Scholarship Foundation, Inc.
 Scholarship Committee,
 c/o Ani Boghossian
 14 Sandrick Rd,
 Belmont MA 02478

Family Information

List all those in your household dependent upon (i.e., supported by) your parent(s) in the **2004-2005 academic year**. Include yourself, your parent(s), your brothers and sisters, and other relatives. Attach extra sheet if necessary.

Name	Age	Name of School or College	Year in School or College	Parent's Contribution	Full-Time	Live at School or College
_____	_____	_____	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
_____	_____	_____	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
_____	_____	_____	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
_____	_____	_____	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
_____	_____	_____	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
_____	_____	_____	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
_____	_____	_____	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

