

**ZOROASTRIAN ASSOCIATION OF HOUSTON (ZAH)  
MNE SCHOLARSHIP FUND  
APPLICATION FORM**

**PERSONAL DATA**

Name : ( Last . First , Middle )

\_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_ Place of Birth:

\_\_\_\_\_

Citizenship \_\_\_\_\_ Visa

Status \_\_\_\_\_

Current Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_ Tel

No: \_\_\_\_\_

Permanent Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/

Guardian \_\_\_\_\_

If Parents are divorced, Name of non-Custodial Parent:

\_\_\_\_\_

Institution(S) Applied To - Admission Pending Or Received:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Major Field Of Study/Profession And Degree Or Certification That Will Be Obtained

\_\_\_\_\_

**EDUCATIONAL BACKGROUND (If more space is required please use attachment pages)**

List Chronologically All Secondary Schools Attended/Dates/Diploma Or Degree

Name of Institution/Location	Dates Attended	Diploma/ Degree	Cum. GPA

**LIST EMPLOYERS AND JOB EXPERIENCE/INTERNSHIP IF ANY**

Name of Employer/Location	Telephone No.	Dates Worked

**COMMUNITY SERVICE**

Zoroastrian Related: \_\_\_\_\_

Other: \_\_\_\_\_

**FINANCIAL INFORMATION (If current support is mainly from guardian(s), not the parents, clarify)**

**(Please attach appropriate documents supporting your statements to help evaluate)**

You Are Living \_\_\_\_\_ With Parents \_\_\_\_\_ With Relatives \_\_\_\_\_ In Univ Housing \_\_\_\_\_ Other

Housing while Studying for Degree/Diploma/Certificate: \_\_\_\_\_

Occupation of Father: \_\_\_\_\_

Mother:

Current Income: Father: \_\_\_\_\_

Father's Signature:

Current Income: Mother: \_\_\_\_\_

Mother's Signature:

Household Income: Please attach first 2 pages of tax returns - See Checklist in Criteria

2017: \_\_\_ Below \$50,000 \_\_\_ \$50,000 To \$80,000 \_\_\_ \$80,000 To \$110,000 \_\_\_ Over \$110,000

2016: \_\_\_ Below \$50,000 \_\_\_ \$50,000 To \$80,000 \_\_\_ \$80,000 To \$110,000 \_\_\_ Over \$110,000

Scholarships, Grants, Fee Remissions, Or Any Other Forms Of Financial Aid This Year:

Name/Kind of Award	Amount	Certain/ Uncertain
_____		
_____		
_____		

Other Financial Resources: Family Support, Jobs, Etc.

Name/Kind of Support	Amount	Definite/ Indefinite
_____		
_____		
_____		

Annual Expenses Paid by You and/or Your Parents) - Add clarifications if any

Expenses	Amount
Tuition	
Books	
Housing	
Loans	
Other	
Total	

**References**

List at Least Three References Other Than Family Members (At least one from your school or college)

Name	Telephone	Email	How Long Known	What capacity

Please request References to send letters directly by email to

[mnescholarship@gmail.com](mailto:mnescholarship@gmail.com)

Please use additional sheets to provide information about yourself that is not requested in the application form. Include information about your educational goals, your academic and non-academic achievements and activities, special interests, community involvement and personal goals. Please provide driver’s license status, personal preferences or disabilities if pertinent. Please add anything else you would like us to know about you. Please indicate any special circumstances that you feel should be taken into consideration when reviewing your application. Attach additional sheets as necessary,

I certify that the information provided on this application is complete to the best of my knowledge. I affirm that I will use any funds obtained as a result of this application solely for expenses related to the attendance at the institution named.

Applicant’s Full printed name

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witnessed by (Adult ZAH member or adult local Zoroastrian):

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