

**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 _____ TELEPHONE Nos. _____

PERMANENT ADDRESS _____

NAME OF PARENT and/or GUARDIAN _____

NAME(S) OF INSTITUTION(S) APPLIED TO - ADMISSION PENDING OR RECEIVED

MAJOR FIELD OF STUDY/PROFESSION AND DEGREE or CETERIFICATION 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
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LIST EMPLOYERS AND JOB EXPERIENCE/INTERNSHIP IF ANY

Name of employer	Location	Telephone	From	To
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FINANCIAL INFORMATION (Please attach appropriate documents supporting your statements to help evaluate)

YOU ARE LIVING _____ WITH PARENTS _____ WITH RELATIVES _____ IN UNIV HOUSING _____ OTHER _____

PLANS FOR HOUSING WHILE STUDYING FOR THE DEGREE/DIPLOMA/CERTIFICATE: _____

OCCUPATION OF: FATHER _____ MOTHER _____

CURRENT INCOME: FATHER _____ MOTHER _____

HOUSEHOLD INCOME IN 2016: (CHECK ONLY ONE) ___BELOW \$50,000 ___\$50,000 TO \$80,000 ___\$80,000 TO \$110,000 ___OVER \$110,000

HOUSEHOLD INCOME IN 2015: (CHECK ONLY ONE) ___BELOW \$50,000 ___\$50,000 TO \$80,000 ___\$80,000 TO \$110,000 ___OVER \$110,000

LIST OTHER SCHOLARSHIPS, GRANTS, FEE REMISSIONS, OR ANY OTHER FORMS OF FINANCIAL AID YOU WILL BE RECEIVING THIS YEAR.

Names and Kind of Award	Amounts	Certain	Uncertain

LIST ALL OTHER FINANCIAL RESOURCES-INCLUDE FAMILY SUPPORT, JOBS, ETC.

Name and Kind of Support	Amounts	Definite	Indefinite

LIST EXPENSES YOU OR YOUR PARENTS ARE LIABLE FOR (TUITON, BOOKS, HOUSING EXPENSES, LOANS ETC)

LIST AT LEAST THREE REFERECNCES (OTHER THAN FAMILY MEMBERS) NAME, ADDRESS, TELEPHONE, EMAIL, and FOR HOW LONG THEY HAVE KNOWN YOU & IN WHAT CAPACITY

Please request References to send letters directly by email to zah.mne.scholarship@gmail.com & edulchikhliwala@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 drivers 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) _____