

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 ^{SEP}

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^[SEP]

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

2019: ___ Below \$50,000 ___ \$50,000 To \$80,000 ___ \$80,000 To \$110,000 ___ Over \$110,000

2018: ___ 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.^[SEP]

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

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): _____