

**ZOROASTRIAN ASSOCIATION OF HOUSTON (ZAH)  
MNE SCHOLARSHIP FUND - APPLICATION FORM 2025**

**PERSONAL DATA**

Name (Last, First, Middle) \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Place of Birth \_\_\_\_\_

Citizenship \_\_\_\_\_

USA Visa Status \_\_\_\_\_

Current address \_\_\_\_\_

\_\_\_\_\_

Tel No. (Home) \_\_\_\_\_

Tel No. (Mobile) \_\_\_\_\_

Email \_\_\_\_\_

Permanent address \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian \_\_\_\_\_

If parents are divorced, name of non-custodial parent \_\_\_\_\_

**EDUCATION, EMPLOYMENT/INTERNSHIP AND COMMUNITY SERVICE**

List Institution(s) applied to (indicate whether admission Pending or Received)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Degree or Certification that will be obtained (indicate major field of study/profession)

\_\_\_\_\_

Educational Background (*If more space is required please attach additional pages*)

List chronologically all secondary schools attended

Name of Secondary School	Location	Dates Attended	Diploma/Degree	Cum. GPA
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List employment/internships if any *(If more space is required please attach additional pages)*

Name of Employer/Internship	Address	Tel No.	Dates

Community service *(If more space is required please attach additional pages)*

Zoroastrian Related

Activity	Duration	Role/Position	Award (if any)

School/Other

Activity	Duration	Role/Position	Award (if any)

**FINANCIAL INFORMATION**

Scholarships, Grants, Fee Remissions, or Any Other Forms of Financial Aid for this year

Type of Financial Aid	Amount	Certain/Uncertain

Other financial resources - family support, jobs etc. *(If more space is required please attach additional pages)*

Type of Support	Amount	Definite/Indefinite

Annual expenses paid by you and/or your parents (*Please attach supporting information from Institution(s) for annual Tuition + Room & Board etc. costs - include clarifications, if any*)

Annual Expenses	Amount
Tuition _____	
Books _____	
Housing _____	
Meal Plan _____	
Student Insurance _____	
Loans _____	
Other _____	
<b>TOTAL</b> _____	

**REFERENCES**

List at least three references other than family members (At least one from your current school or college)

*Please request references to send letters **directly by email** to [mnescholarship@gmail.com](mailto:mnescholarship@gmail.com)*

Name	Tel No.	Email	How Long Known	What Capacity
_____				
_____				
_____				

Please attach additional pages to provide information about yourself not covered in the Application Form. Include your educational goals, any academic/non-academic achievements, activities, special interests, community involvement and personal goals. Please indicate any special circumstances that you feel should be taken into consideration when reviewing your application.

**I certify that the information provided on this application and all attachments 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 Name (*please print*) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by (ZAH member or local Zoroastrian association member, over 21 years, in good standing)

Full Name (*please print*) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_