

JOHN M. AZARIAN MEMORIAL ARMENIAN YOUTH SCHOLARSHIP FUND

Questionnaire Form

(Please type or print **legibly**)

Please attach separate page if needed

Applicant's Information

Name: _____ Date of Birth _____

Address: _____

Street Town State Zip Code Country

E-Mail Address: _____ Fax No.: _____

Telephone No.: _____

School Home

Cell Phone No.: _____

American Citizen (Y or N): _____ Birthplace: _____

Social Security Number _____ Years of Residence in U.S.A _____

Legal Status (Legal Resident, Refugee, etc.) _____

Are you being sponsored by any church, family or other? _____

If yes, explain in detail nature of support: _____

Native Language: _____ English Speaking (Y or N): _____

Number of Siblings: _____ siblings' ages, attending college, total cost, etc.

Name of College? _____

How much will your parents contribute to each sibling's college expenses for the current year? _____

Family background and history (include family information on coming to the United States, employment background, etc.). Attach a separate page with information.

Parents' Information

Father

Mother

Name: _____

Name: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Marital Status: _____

Marital Status: _____

Married to Mother (Y/N): _____

Married to Father (Y/N) _____

Living (Y/N): _____

Living (Y/N): _____

Please forward a complete copy of your parents' most recent tax return (including all schedules), or a financial statement prepared by an accountant.

American Information

Please forward a certified original copy of your high school and college transcripts.

High School: _____ Cum G.P.A.: _____

Current Year of School: _____

College: _____ Cum G.P.A.: _____

Academic Major: _____ Academic Minor: _____

Current Semester: _____ Expect. Grad. Date: _____

School and Grade Presently Attending: _____

Semester Completed (Year/ Month): _____

Student's Employment Information

Name and address of Present Employer: _____

No. of hours worked per week: _____

Please answer the following questions:

1. How did you become aware of our Scholarship?

(publication, relative, church, etc.)

2. What are your career goals?

3. Why do you need scholarship support?

4. a) What is the total of your annual college expenses?

(Tuition, room and board, books and supplies, related items.)

b) How much of this total will be supplied by your parents/family?

c) How much will be supplied by other sources?

(committed financial aid, loans, scholarships, grants, gift aid, relatives, etc.)

d) How much, if any, do you expect to receive from as yet uncommitted financial sources? (aid, scholarships, grants, relatives, etc.)

e) After taking into consideration all of the above, what is the amount of the shortfall?

5. List all past and present employment.

a) How much do you earn per year from your employment?

(Include all forms, summer jobs, winter, part-time, etc.)

6. What does your Armenian heritage mean to you?

7. Which church do you attend? (name and location) _____

a) Are you an active member?

b) List church activities you have been involved with recently.

c) Name and address of a church-affiliated reference.

d) Attach a church-related letter of reference (if possible)

8. List two (2) personal, unrelated references (in addition to the reference requested in no. 7d) including name, address, telephone number, years known, occupation and other relevant information. **Please provide at least one letter of recommendation.**

9) List any academic honors and/or awards.

10) Have you ever applied to this scholarship committee in the past? If you were awarded a grant, how much did you receive?

By signing this application, I grant to the John M. Azarian Memorial Armenian Youth Scholarship Fund (the "Fund") the right to confirm the information listed herein and, in so doing, to communicate directly with any of the schools, universities, churches and such other persons or organizations which I have listed herein. If I am awarded a scholarship from the Fund, I further authorize the Fund Committee to use my name, photograph, and such other information for purposes of publicity, as I have supplied, as the Fund Committee, in its sole judgement, deems appropriate.

DATED: _____

Signature _____

DEADLINE FOR THE SUBMITTAL OF COMPLETED APPLICATIONS IS

May 31st, 2020