

ARMENIAN STUDENTS' ASSOCIATION OF AMERICA, INC  
SCHOLARSHIP APPLICATION FORM

**I. PERSONAL INFORMATION** – Please type or write neatly

Mr.  
Mrs.  
Ms.

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Permanent Home (or Parents') Address City State Zip Home Phone (\_\_\_\_)

\_\_\_\_\_  
Current Mailing Address City State Zip Your Phone (\_\_\_\_)  
(if not living with parents)

\_\_\_\_\_  
E-mail Address Social Security # (if available)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month Day Year City State / Country

Are you a U.S. Citizen?  YES  NO If NO, specify your citizenship and visa status:  
\_\_\_\_\_

In what way are you of Armenian descent? \_\_\_\_\_

\_\_\_\_\_  
Father's Name Date of birth Occupation

\_\_\_\_\_  
Living or deceased? Citizen of U.S. Address

\_\_\_\_\_  
Mother's Maiden Name Date of Birth Occupation

\_\_\_\_\_  
Living or deceased? Citizen of U.S. Address

\_\_\_\_\_  
Spouse's Name Date of Birth Occupation

\_\_\_\_\_  
Citizen of U.S. Address

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**II. ACADEMIC INFORMATION**

**UNDERGRADUATE**  
**Students Only**

In September 2022, I will be a college  
(check **all** that apply):

- Sophomore       Junior  
 Senior             Transfer Student

\_\_\_\_\_  
College / University you will attend in the  
Fall of 2022

\_\_\_\_\_  
City                                  State                                  Zip

\_\_\_\_\_  
Website address                          Telephone #

Have you been accepted by this institution?  
 Yes     No    If No, please explain

\_\_\_\_\_  
Year you enrolled: \_\_\_\_\_

Year you will graduate: \_\_\_\_\_

Cumulative GPA as of Fall 2022  
(4.0 scale or Pass/Fail): \_\_\_\_\_

Declared Major: \_\_\_\_\_

**GRADUATE**  
**Students Only**

In September 2022, I will be in the following  
degree program:

- Graduate                           Law  
 Medical                                   PhD  
 Other (specify) \_\_\_\_\_

\_\_\_\_\_  
College / University you will attend in the  
Fall of 2022

\_\_\_\_\_  
City                                  State                                  Zip

\_\_\_\_\_  
Website address                          Telephone #

Have you been accepted by this institution?  
 Yes     No    If No, please explain

\_\_\_\_\_  
Year you enrolled: \_\_\_\_\_

Year you will graduate: \_\_\_\_\_

Cumulative GPA as of Fall 2022  
(4.0 scale or Pass/Fail): \_\_\_\_\_

Declared Major: \_\_\_\_\_

**III. FINANCIAL INFORMATION**

Where will you be living during the academic year?    \_\_\_\_\_ On campus    \_\_\_\_\_ Off campus

If not living on campus, how many miles will you travel to school (round trip)?    \_\_\_\_\_ miles

Will you work during the academic year?    \_\_\_\_\_ Yes    \_\_\_\_\_ No    If yes, where? \_\_\_\_\_

Do you receive any Fellowship or employment income from your college?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

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If you are living with your parents, either during the school year or between school years, complete **Box I**. If you are not living with your parents at any time, complete **Box II**.

<b><u>BOX I</u></b>
(students living with their parents)
How many people live in your household? _____
Please specify below:
_____ Mother                      _____ Father
_____ Sisters                        _____ Brothers
_____ Other
How many, including yourself, will be attending college in Fall 2022? _____

<b><u>BOX II</u></b>
(students not living with their parents)
Your status? <input type="checkbox"/> Single <input type="checkbox"/> Married
Spouse's name _____
How many children do you have? _____
How many live with you? _____
Your annual income \$ _____
Spouse's annual income \$ _____
How many, including yourself, will be attending college in Fall 2022? _____

<b>INCOME &amp; EXPENSE SECTION</b>
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Provide the estimated expenses for the college or university you will be attending in Fall 2022.

Provide financial sources you will use to pay your college costs for academic year 2021-22.

Full-year tuition and fees	\$ _____
Room & Board	+ _____
(only if living on campus)	
Housing & Travel	+ _____
(only if living off campus)	
Books	+ _____
 TOTAL EXPENSES <sup>2</sup> =	 \$ _____

Summer employment	\$ _____
Academic year earnings	+ _____
Parent's contribution	+ _____
Spouse's contribution	+ _____
Grants (Pell, State, etc.)	+ _____
Loans	+ _____
Other sources <sup>1</sup>	+ _____
 TOTAL INCOME <sup>2</sup> =	 \$ _____

<sup>1</sup> Please explain these other sources and tell if they must be repaid.

<sup>2</sup> If the total expenses exceed the total income by more than \$3,000 please explain how you are currently paying for school.

*(ANSWER ABOVE ITEMS ON AN ADDITIONAL SHEET.)*

Have you previously been awarded an ASA Scholarship?      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

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**IV. BACKGROUND INFORMATION**

List the names and addresses of high school(s) and college(s) attended, including dates and degrees awarded.

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List any special honors, prizes, and scholastic recognition you have received with dates from the past 3 years.

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List any social, fraternal, and/or educational organizations you have been/are a member of over the past 3 years. Include any offices that you have held and include the year(s) you held office for the past 3 years.

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List extracurricular activities over the past 3 years.

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**V. ESSAY**

Please write an essay of 300 words or less, setting forth additional information about yourself, which you believe, may be of assistance to the Committee in deciding upon your application. Please include your future plans following the completion of your education.

**VI. DECLARATION OF APPLICANT**

I hereby certify that all information contained in this application, and all financial information provided to C.S.S., is true, accurate, and complete to the best of my knowledge. I understand that failure to meet these requirements will result in the disqualification of my application and the revocation of my grant, if awarded.

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