

ARMENIAN STUDENTS' ASSOCIATION OF AMERICA, INC
SCHOLARSHIP APPLICATION FORM

Citizen of

U.S. Address

II. ACADEMIC INFORMATION

UNDERGRADUATE
Students Only

In September 2019, I will be a college
(check **all** that apply):

- Sophomore Junior
 Senior Transfer Student

College / University you will attend in the
Fall of 2019

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 2018
(4.0 scale or Pass/Fail): _____

Declared Major: _____

GRADUATE
Students Only

In September 2019, I will be in the following
degree program:

- Graduate Law
 Medical PhD
 Other (specify) _____

College / University you will attend in the
Fall of 2019

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 2018
(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**.

<u>BOX I</u>
(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 2019? _____

<u>BOX II</u>
(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 2019? _____

INCOME & EXPENSE SECTION

Provide the estimated expenses for the college or university you will be attending in Fall 2019.

Provide financial sources you will use to pay your college costs for academic year 2019-20.

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

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

¹ Please explain these other sources and tell if they must be repaid.

² 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.)

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Have you previously been awarded an ASA Scholarship? _____ Yes _____ No

IV. BACKGROUND INFORMATION

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

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

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.

List extracurricular activities over the past 3 years.

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.

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Date _____ Signature _____