

VAHAN ADJEMIAN SCHOLARSHIP FUND OF TIBREVANK ALUMNI, INC. ELIGIBILITY REQUIREMENTS

- 1. An applicant must be of Armenian descent and involved in the Armenian community.
- 2. An applicant must be in the US and enrolled in a US-based college or university in pursuit of an undergraduate degree only.
- 3. An applicant must have completed at least 1 semester in a US-based college or university, with transcripts.
- An applicant must answer all the questions, sign the application form and provide copies of academic transcripts. All transcripts must be certified transcripts mailed directly from the school.
- 5. Previous scholarship recipients are eligible.
- 6. All applicants will be considered based on service to, or participation in the Armenian community, scholastic achievement and financial need.

Please send completed applications and transcripts to:

TIBREVANK ALUMNI, INC.

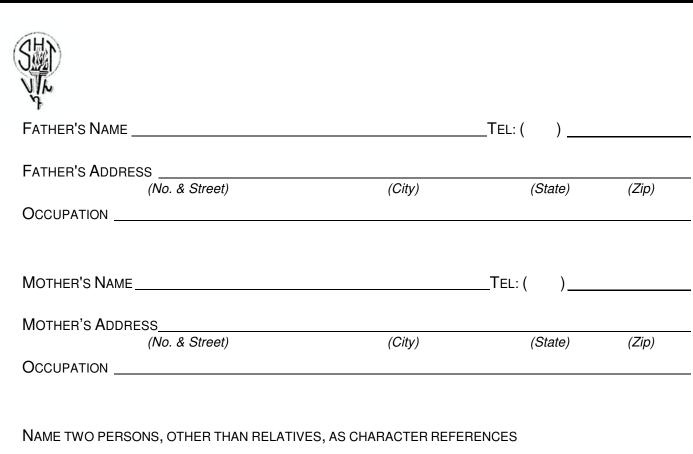
VAHAN ADJEMIAN SCHOLARSHIP FUND
P.O Box 14
PALISADES PARK, NJ 07650

ALL APPLICATIONS AND SUPPORTING TRANSCRIPTS MUST BE RECEIVED NO LATER THAN APRIL 30



VAHAN ADJEMIAN SCHOLARSHIP FUND OF TIBREVANK ALUMNI, INC. SCHOLARSHIP APPLICATION (Please print or type)

Name	Telephone ()
NAME(Last) (First) (Middle)	· , , —
E-MAIL	
HOME ADDRESS	
(No. & Street)	(City) (State) (Zip)
BIRTHDATE BIRT	HPLACE
	CLASS
MAJORS IN COLLEGE	
NAME SCHOLASTIC HONORS OR AWARDS RECEIVE	D
STATE BRIEFLY YOUR PLANS FOR CONTINUING YO	UR EDUCATION AND WHAT SUBJECTS YOU WILL PURSUE
NAME ANY AID OR GRANTS YOU ARE RECEIVING	ä
	-
STATE THE DEGREE OF YOUR INVOLVEMENT IN TH	E TWO CATEGORIES LISTED:
(USE ADDITIONAL SHEETS IF NEEDED)	ETWO GATEGORIES EIGTED.
COMMUNITY	
-	
School	
SCHOOL	
STATE YOUR FUTURE ETHNO-CULTURAL PLANS FO	OR THE ARMENIAN COMMUNITY AND THE SCHOOL
(USE ADDITIONAL SHEETS IF NEEDED)	



(State) (Zip) 1. Name______Tel: () ______ Address_____ (No. & Street) (City) (State) (Zip) 2. Name______Tel: () ______ Address_____ (State) (Zip) (No. & Street) (City) E-MAIL PLEASE STATE YOUR FUTURE EDUCATIONAL PLANS, YOUR CAREER AMBITIONS AND FINANCIAL REASONS FOR YOUR REQUEST. (USE ADDITIONAL SHEETS IF NEEDED)

PAGE 2 OF 3



STATEMENT

I HEREBY SUBMIT MY APPLICATION FOR VAHAN ADJEMIAN SCHOLARSHIP FUND OF TIBREVANK ALUMNI, INC. IN SO DOING I ATTEST TO THE VERACITY OF THE INFORMATION PROVIDED, INCLUDING CERTIFIED COPIES OF MY COLLEGE/UNIVERSITY TRANSCRIPTS. FURTHERMORE, I UNDERSTAND THAT BEFORE ANY AWARD CAN BE MADE I MUST FIRST APPLY TO AND BE ACCEPTED AT A RECOGNIZED UNIVERSITY OR COLLEGE, REGISTERED AND COMPLETE AT LEAST A COURSE LOAD REQUIRED TO RETAIN STANDING AS A FULL-TIME. I ALSO UNDERSTAND THAT THE AWARD WILL BE MADE FOR (1) ONE ACADEMIC YEAR.

SIGNATURE OF APPLICANT	DATE

APPLICANT PLEASE NOTE:

YOUR SCHOLASTIC TRANSCRIPTS MUST BE CERTIFIED TRANSCRIPTS MAILED DIRECTLY FROM THE SCHOOL.

A SMALL PHOTOGRAPH OF YOURSELF MUST BE SUBMITTED TOGETHER WITH THIS APPLICATION FORM. NO PHOTOGRAPHS WILL BE RETURNED.