1. An applicant must be of Armenian descent and involved in the Armenian community.

2. An applicant must be enrolled in a US-based college or university in pursuit of an undergraduate or graduate degree.

3. 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.

4. Previous scholarship recipients are eligible.

5. 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 ( ) ____________________
(Last) (First) (Middle)
E-MAIL ___________________________
HOME ADDRESS ______________________
(No. & Street) (City) (State) (Zip)
BIRTHDATE ________________________ BIRTHPLACE ______________________
(Month Day Year)
COLLEGE/UNIVERSITY ATTENDING ____________________________ CLASS __________
MAJORS IN COLLEGE ___________________________
NAME SCHOLASTIC HONORS OR AWARDS RECEIVED __________________________
____________________________________
STATE BRIEFLY YOUR PLANS FOR CONTINUING YOUR EDUCATION AND WHAT SUBJECTS YOU WILL PURSUE
____________________________________
____________________________________
NAME ANY AID OR GRANTS YOU ARE RECEIVING __________________________
____________________________________
____________________________________
STATE THE DEGREE OF YOUR INVOLVEMENT IN THE TWO CATEGORIES LISTED:
(USE ADDITIONAL SHEETS IF NEEDED)
COMMUNITY __________________________
____________________________________
____________________________________
SCHOOL ___________________________
____________________________________
____________________________________
STATE YOUR FUTURE ETHNO-CULTURAL PLANS FOR THE ARMENIAN COMMUNITY AND THE SCHOOL
(USE ADDITIONAL SHEETS IF NEEDED)
____________________________________
____________________________________
____________________________________
FATHER’S NAME _____________________________ TEL: ( ) ________________

FATHER’S ADDRESS
(No. & Street) (City) (State) (Zip)

OCCUPATION __________________________________________________________

MATHER’S NAME _____________________________ TEL: ( ) ________________

MATHER’S ADDRESS
(No. & Street) (City) (State) (Zip)

OCCUPATION __________________________________________________________

NAME TWO PERSONS, OTHER THAN RELATIVES, AS CHARACTER REFERENCES

1. NAME _____________________________ TEL: ( ) ________________
   ADDRESS
   (No. & Street) (City) (State) (Zip)
   E-MAIL ________________________________

2. NAME _____________________________ TEL: ( ) ________________
   ADDRESS
   (No. & Street) (City) (State) (Zip)
   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.