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.

4. 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 ( ) ___________________________
( 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 ________________________________________________

MOTHER’S NAME _______________________________________________ Tel: (   ) _____________

MOTHER’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.