

ASSYRIAN ORPHANAGE AND SCHOOL ASSOCIATION OF AMERICA, Inc.

College Educational Scholarship/Grant

APPLICANT	FULL NAME	_____						
	Address	_____ _____						
	Phone	_____	Email	_____				
	Marital Status	_____	Age	_____	Grad Year	_____	Current GPA	_____
	Current School Name	_____						

INCOME	Employment (applicant)	_____				
	Annual Income (applicant)	__ Unemployed	__ < 25K	__ 25-50K	__ 50-75K	__ Over 75K
	Annual Income (spouse)	__ Unemployed	__ < 25K	__ 25-50K	__ 50-75K	__ Over 75K
	Annual Income (parent)	__ Unemployed	__ < 25K	__ 25-50K	__ 50-75K	__ Over 75K
	Other Funds/Grants. source/ Amount	_____ _____				
	Number of Siblings at Home / Ages	_____				

INSTITUTION / EDUCATION	Name	_____				
	Address (School)	_____ _____				
	Contact name	_____	Phone	_____		
	Degree type	__ Associate	__ Bachelor	__ Masters	__ Doctorate	Other _____
	Major	_____		Minor	_____	
	Current Year in College	__ Freshman	__ Sophomore	__ Junior	__ Senior	__ Graduate

CHECKLIST/GUARDIAN	Checklist	__ Letters of recommendations	__ Income Information	__ Essay
	Father's Name /address	_____		
	Occupation	_____		
	Mother's Name /address	_____		
	Occupation	_____		
All applicants agree to accept the decision of the TMS Board of Directors as final. All Scholarship Awards will be made directly to the educational institution.				

CERTIFICATION	I, the undersigned certify that all of the aforementioned information is correct and true to the best of my records. I understand that if I am selected I may be required to submit further proof. I agree that if I am selected for this scholarship my name and photograph may be published by TMS in paper publication, Web Page, Social Media pertaining to TMS or that of other TMS affiliates. I also agree to provide a photograph to TMS if a request is made to me by TMS.	
	Applicant's Signature: _____	Date: _____