



**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 enrolled in a 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 _____

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)*



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.