

Sirazi
Scholarship, Fellowship and Grant Program Application

Directed By:
Archdiocese of the Syrian Orthodox Church for the Eastern United States

Sponsored By:
Sirazi Foundation

2008-2009 Academic Year

Application Deadline
October 15, 2008

Please read requirements outlined in the Sirazi Scholarship, Fellowship and Grant Fund Handbook to determine whether you are eligible.

This application must be completed and returned along with the additional documents required as outlined in the SSFG Handbook to the address below, post marked no later than October 15, 2008. Any application post marked after October 15, 2008 or received after October 22, 2008 will be considered ineligible. There will be no exceptions made for late or missing application paperwork.

Return this application and all other required material to:

c/o Sirazi Scholarship, Fellowship and Grant Program
500 Elmwood Avenue
Wilmette, Illinois 60091

Sirazi Scholarship, Fellowship and Grant Fund Selection Committee
2008-2009 Academic Year

Scholarship, Grant & Fellowship Application

Applicant's Information

First Name : _____ Middle Initial : _____ Last Name : _____

Complete Mailing Address

City _____ State _____ Zip Code _____

Telephone Numbers Home/Cell : (____) _____ E-Mail : _____

Social Security Number : _____ Date of Birth : _____

You are applying for: SSFG Grant / SSFG Scholarship / SSFG Fellowship

Currently Attending: High School Senior / College (circle one)

NOTE : If you circled High School Senior above, you must be a graduating High School Senior and you must complete both the High School section and the College section with information from the College where you were accepted to.

School Name : _____ City, State, Zip: _____

School Phone number : (____) _____ Latest SAT : _____
Verbal Math

Expected date of graduation: _____ Overall Average Grade : _____ (based on max A or 4.0)

College information:

School Name : _____ City, State, Zip: _____

School Phone number : (____) _____ Year of study : _____ (fr, so, jr, sr, other)

Cumulative GPA : _____ (based on max 4.0)

School year based on 2-Semesters or 4-Quarters or _____ (circle one or fill-in blank)

What program are you enrolled in : _____ (business etc.)

Major : _____ Minor : _____ Anticipated graduation date : _____

College Bursar or Cashier Address and Phone Number:

Yearly Tuition (\$ amount) : _____ Comments : _____

Yearly Room and Board (\$ amount): _____ Comments : _____

List amounts of other sources of financial aid below and indicate how much you will receive every semester or quarter)

Other sources (\$ amount) : _____

How often (per year / semester etc...): _____

ATTACH ADDITIONAL SHEETS AS NECESSARY.