



SCHOLARSHIP

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SCHOLARSHIP APPLICATION FOR PROSPECTIVE STUDENTS

The following application is to help determine the need and level of financial support of the prospective student. Please email the completed application and the scanned proofs of income to SFS@avc-agbu.org. Please note that you may be asked to submit the originals by mail.

AVC retains the right to review and verify the accuracy of information provided by the applicants by contacting the employer of the applicant or parents. AVC reserves the right to refuse scholarship to any applicant considered unqualified.

Providing false information and/or documents may result in loss of financial support and rejection of enrollment application.



SCHOLARSHIP APPLICATION 2

Family Financial Information

(to be completed if applicant is under financial support of parents)

1. Full Name

_____	_____	_____
Last	First	Middle

2. Passport or other ID information

Type and number of ID	
_____	_____
Date of Issue	Date of Expiry

3. Parents' current marital status:

Married Divorced Widowed

4. Number of children under 21 in the family

5. Name, home address and occupation of parents

Father/Stepfather

Address (line 1)

Address (line 2)

_____	_____	_____
Occupation	Employer	Phone Number

Annual income (in the most recent tax form)

Please attach the most recent tax return forms if applicable in your country of residence, or a wage statement from your employer confirming your income information.

Mother/Stepmother



Address (line 1)

Address (line 2)

Occupation

Employer

Phone Number

Annual income (in the most recent tax form)

Please attach the most recent tax return forms if applicable in your country of residence or a wage statement from your employer confirming your income information.

Parent's Signature

Date

Parent's Signature

Date

Applicant's Signature

Date