

# Armenian Professional Society Los Angeles



## Scholarship Form

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### Personal Data:

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(Last Name)

(First Name)

(Middle)

### Home Address:

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(Street)

(City)

(State)

(Zip)

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(Day Phone)

(Evening Phone)

(Email)

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(Birthplace City, Country)

( Birthdate)

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(Marital Status)

(Number of Dependents)

### Graduate School Currently Enrolled:

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(School Name)

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(School Street Address)

(City)

(State)

(Zip)

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(Years Attended)

(Major)

(Degree Attained / Expected)



**Letter of Recommendation Requested:**

1.

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(Name)

(Position)

2.

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(Name)

(Position)

**Professional Societies:**

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**Scholastic Honors, Accomplishments, etc:**

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**Community Involvement (Armenian Organizations, etc):**

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**Income:**

Please submit applicant's and parents' most recent IRS returns.

\_\_\_\_\_  
(Father's Occupation)

\_\_\_\_\_  
(Gross Annual Income)

\_\_\_\_\_  
(Mother's Occupation)

\_\_\_\_\_  
(Gross Annual Income)

Applicant - source and amount of funds available for year in which scholarship requested..

Annual Income \$ \_\_\_\_\_

Savings \$ \_\_\_\_\_

Scholarship \$ \_\_\_\_\_

Savings \$ \_\_\_\_\_

Other Income (include spouse, relatives, investments, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

\*\*Please remember to send your most current transcripts.

Mail To:

Armenian Professional Society Los Angeles  
P.O. Box 10306  
Glendale, CA 91209