Scholarship Application

University/College you are applying to

Date

Desired Program of Study at selected university/college

Have you submitted your completed application to selected university/college

- Yes
- No
- If yes, insert application number here

Part I. student Details

Student Name

Date of Birth

Email Address

Street Address

City

Country

Home Phone Number

Cell Phone Number

High School

High School Name

City

Country

Grade average

Graduation Year

Enrollment History

Student name

Previous University/College 1

School Name

City

Country

Program of Study

Degree

Cumulative GPA

Graduation Date

Previous University/College 2

School Name

City

Country

Program of Study

Degree

Cumulative GPA

Graduation Date

Previous University/College 3

School Name

City

Country

Program of Study

Degree

Cumulative GPA

Graduation Date

Part II. Essay Questions

Please use your own words to write a response of 300-400 words to each of the following questions.

Student Name

Question 1: How have you managed to success throughout your life, despite having to face or overcome hardship?

Question 2: How will this scholarship help you contribute to improving the lives of girls and women in the Middle East?

Part III. Reference Form

Reference Letter 1

A letter of support is required for the completion of this application. If the student is being nominated, the nominator should provide the reference letter.

Name of Applicant

Name of Nominator/Supporter

Date

Position and Title of Supporter

Department/Institution

Affiliation to the Applicant

Phone number

Email Address

Please explain briefly why you feel that this candidate is qualified for the Daughters for Life Foundation scholarship.

Reference Letter 2

A letter if support is required for the completion of this application. If the student is being nominated, the nominator should provide the letter of reference.

Student Name

Nominator/Supporter Name

Date

Position/Title of Supporter

Department/Institution

Affiliation to Applicant

Phone Number

Email Address

Please explain briefly why you believe that this candidate is qualified for the Daughters for Life Foundation scholarship.

Part V. Financial Need Analysis Form

This information will not be made public and will only be used by the Daughters for Life Foundation to help select scholarship recipients. We ask that you fill in the form below to the best of your ability.

Please use your local currency.

Student Name

Marital Status

Single

If currently enrolled in an academic program:

How much is your tuition fees per year?

Who is paying for your tuition fees?

How much is he/she paying?

Do you receive any scholarships, grants or outside financial assistance to help cover the cost of your tuition

- [ ] Yes
- [ ] NO

If yes, how much do you receive?

Do you earn any income?

- [ ] Yes
- [ ] No

Do you have any money saved?

- [ ] Yes
- [ ] No

If yes, how much?

Did you apply to a Daughters for Life Foundation Scholarship before?

- [ ] Yes
- [ ] NO

If yes, were you accepted?

- [ ] Yes
- [ ] NO

If received a Daughters for Life Foundation Scholarship before:

University Name

Program

Have you ever received a scholarship from another organization or university?

- [ ] Yes
- [ ] No

If yes, How much?

Please provide more details on received scholarship

Please provide details of all members of you family living in your household including yourself. Be sure to include the financial information of the person providing your tuition fees if applicable.

Name	Age	Relationship	Occupation	Monthly Income

- [ ] I certify that the above information is complete and accurate. I acknowledge and understand that providing misleading, incomplete or inaccurate responses in any part of this application may disqualify me from being approved and/or continuing with a scholarship under this programme.