



Shri Sita Ram Foundation, USA

Scholarship Application

Please complete all sections of the application. **The deadline for submission is:**

Fall Semester - June 30th

Spring Semester - November 30th

Thank you for taking time to apply for a Shri Sita Ram Foundation Scholarship! To ensure we have all the information needed and in the order needed for evaluation, please complete this application in full and follow the instructions along the way.

Once completed, please submit all your information to the Shri Sita Ram Foundation:

By Mail:

Shri Sita Ram Foundation
ATTN: Scholarship Committee
1200 Blalock Rd. Suite #210
Houston, TX 77055

Section 1 – Applicants Personal Information

First name:		
Middle name:	Last name:	
Address:		
City:	ST:	Zip:
Social Security Number:		
Home phone:	Cell phone:	
Email address:		
Date of Birth:	Sex:	Race:
Are you a (Check one): <input type="checkbox"/> US Citizen <input type="checkbox"/> Eligible non-citizen (permanent resident) <input type="checkbox"/> International student		
Drivers License or State Id #	State issued	
Green Card/ Visa/ Passport #		

Questionnaire:

Are you currently enrolled in a High School or University? __Yes __No

If in High School

Name of School	Year of Graduation
What is your GPA	

What is the name of the University you are or will be attending? _____

Are you: __Freshman __Sophomore __Junior __Senior

Number in the family who will attend a university this academic year? _____

Financial Information:

Applicant's Marital Status: (Check one)

- ☐ Single
☐ Divorced
☐ Married
☐ Separated
☐ Widowed

Are you listed as a dependent for tax purposes by a parent(s) or guardian?* __Yes __No

*If you checked **Yes**, complete **Dependent Students** section 2, if you checked **No**, go to **Independent Students** section 3

Section 2 – Dependent Students Parental information

If your natural parent is remarried, you are required to list information about your stepfather or stepmother.

Father/Guardian/Stepfather: (Check one)

- ☐ Single ☐ Divorced
☐ Married ☐ Separated
☐ Widowed ☐ Deceased

Father/Guardian/Stepfather: (cont.)

First Name	Last Name	
Street Address 1:		
Street Address 2:		
City	State	Zip
Occupation:		
Employer:		

Mother/Guardian/Stepmother: (Check one)

- ☐ Single ☐ Divorced
☐ Married ☐ Separated
☐ Widowed ☐ Deceased

Mother/Guardian/Stepmother: (cont.)

First Name	Last Name	
Street Address 1:		
Street Address 2:		
City	State	Zip
Occupation:		
Employer:		

Parents' Total Estimated Income for the current year: \$_____

List the dependents who receive more than ½ of their support from you. Do not include the scholarship applicant's name.*

Name:	Age:	Relationship:
1		
2		
3		
4		
5		

*List any additional dependents on back.

Section 3 – Independent Students	
Employer:	Date Hired:
Employer Address:	Employer Telephone:
Supervisor's Name:	Supervisor's Telephone:
Estimated annual income:	Employment Status:
	Fulltime Part-time Seasonal
Date of Birth:	Race:
Previous Employer:	Date Hired:
Employer Address:	Employer Telephone:
Supervisor's Name:	Supervisor's Telephone:
Estimated annual income:	Employment Status:
	Fulltime Part-time Seasonal
Spouse's First Name	Spouse's Last Name
Spouse's Middle Name	Spouse's Maiden Name
Street Address 1:	

Section 3 Cont'd – Independent Students Spousal Information

Street Address 2:

City

State

Zip:

Occupation:

Employer:

Section 3 Cont'd – Independent Students

Applicant's/Spouse's Total Estimated Income for the Current Year: \$ _____

Number in the family who will attend college this academic year? _____

List the dependents who receive more than ½ of their support from you. Do not include scholarship applicant's name.*

Name:	Age:	Relationship:
1		
2		
3		
4		
5		

**List any additional dependents on back.*

Section 4 – Attach the following requested documents with application

- Standardized test scores from the SAT, ACT, or other standardized test or other measures of your academic performance
- 3 Reference Letters; 1 of each from a Friend, Family member and Professional
- High school or attending University Transcripts notarized and sealed by the institution
- Copy of a US or State issued valid photo ID
- Current Utility Bill for proof of residency in the State of Texas

I certify that the above information is true and correct to the best of my knowledge. I understand that if I am awarded a scholarship, information about me may be released for publicity purposes. I must meet requirements for receiving awarded funds. I understand that if all application material is not turned in by application deadline listed on the first page that I will be disqualified from consideration. I am also aware that Shri Sita Ram Foundation has absolute and final rights to whom they will award scholarships.

You the Parent/Guardian/Student, by signing this application are certifying that you (1) will use this scholarship to pay the cost of attending an institution of higher education, (2) are not in default on any loans or have made satisfactory arrangements to repay it, (3) do not owe money to student grants or have made satisfactory arrangements to repay it, (4) will notify your college if you default on a loan and (5) will not receive a Shri Sita Ram Foundation Scholarship for more than one college for the same period of time.

Applicant Name

Applicant Signature

Date

Parent/Guardian Name

Parent/Guardian Signature

Date
