



Please Return to:
ZAGNY Scholarship Committee
 c/o Sherazad Mehta
 405 West 48th Street
 Apmt 1FE
 New York, NY 10036
 212-307-1712

2006/2007 ZAGNY SCHOLARSHIP/LOAN APPLICATION

APPLICANT NAME: _____ Application Date: _____

Address: _____ Date of Birth: _____

_____ State _____ ZIP _____ ZAGNY Member since: _____

Phone: () - _____ Soc. Sec. No. : - -

Email: _____ U. S. Citizen? _____

Name of College/University: _____ If no, type of visa: _____

College Address: _____

_____ State _____ ZIP _____

Discipline of Studies: _____ Major: _____ Minor: _____

Current Year of Studies: _____ Undergraduate / Graduate

Approximate Credits Needed for Completion: _____ Part-Time / Full-Time

Anticipated Date of Completion: _____

ACADEMIC RECORD (Start from High School and attach copies of transcripts):

School Name	City / State	Year Graduated	Grade Average
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ARBAB RUSTOM GUIV DARBE MEHR
106 Pomona Road, Suffern, NY

Academic Honors / Scholarships etc.: _____

Zoroastrian Community Related Activities: _____

Extra Curricular Activities: _____

Annual Tuition Fees: \$ _____ Personal Contribution: _____

Other Scholarship Amount Received / Pledged: _____

Amount of Other Loans: _____ Total or per Year: _____

Signature of the Student Applicant

Date

Signature of the Parent

Date

(if Student Applicant is under 18)

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