

ICON Scholarship Fund

Application for Financial Aid

++ Inform! Involve! Inspire! ++



Instructions: Please complete all sections of this form, and return it signed along with all required documents. Please note that incomplete applications will delay the selection process.

Send completed form to ICON Scholarship Fund, PO Box 552, Bettendorf IA - 52722-0010. For additional enquiries, please send an email to ICON.Org@Gmail.com or visit www.ICON.Org.in/Charity/Scholarship

Applicant Information

Today's Date: 4-5-07

1 a. Applicant's Full Name AJITTA ELIZABETH JACOB	2 a. Date of Birth
1 b. Email:	2 b. Place of Birth Kanjyoor
3 a. Current Address Ajitta Elizabeth Jacob Aswini college of Nursing Coster - 522001	2 c. Sex () Male () Female
3 b. Phone:	4. Permanent Address Ajitta Elizabeth Jacob Parathukethil house Upputherra. P o Kerala - Idukki (Dist)
College/School Information	6. Field of Study Bsc. Nursing
5 a. Name ASWINI college of Nursing	7 a. Completed Last Course +2
5 b. Address Mangalagiri Road, Coster - 522001	7 b. Grade or Percentage of Marks obtained 50%
5 c. Phone: 0863-2227000	
5 d. Email:	
5 e. Website:	

Family Information

8 a. Father (Name): Jacob	8 b. Occupation: cooly	8 c. Age: 48
9. a. Mother (Name): Elizabeth	9 b. Occupation: housemaid	9 c. Age: 44
10. Family Size (Number): 4	11. Total Family Income (Per Month): 2000/-	
12. Brothers & Sisters: (Name and Age) Aj: 15 - 14		

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Reference Information

Please provide information about at least two people who knows you and your family situation.

<p>13 a. Name & Address Vino kiyar Bijin Kulathirukal ham Uppantheer. P.O 10th ave.</p>	<p>13 b. Occupation Agriculture 13 c. Phone 9446805278 13 d. Relationship neighbors 13 e. Email: -</p>
<p>14 a. Name & Address Alammaras Georgekutty Muderothiyamickal Uppantheer. P.O 10th ave.</p>	<p>14 b. Occupation Agriculture 14 c. Phone 04869 214 022 14 d. Relationship Neighbors 14 e. Email -</p>

Church Information

15 a. Name & Address of the Orthodox Church attending or Nearest Orthodox Church
St. Mary's O.S. Church, Ayyappancoil. P.O

15 b. Name of the Parish Priest:
Rev. Fr. T.K. Thomen.

I hereby certify that the information provided in this application is accurate. I understand that if any information is found to be inaccurate or incomplete, ICON will deny me the scholarship. I also understand that the scholarship will be used only for my education and I will keep my grades in good standing.

Signature of Applicant: Jacob PE Date: 4-5-07
(Signature of a Parent if Applicant is 17 yrs old or less)

Do not write below this line

Office Use Only: Project No:	Sponsor Key:	Ref Id:
Approved: ()Yes ()No	Amount:	Payment Details CK No:
If not approved, reason Comments:		Date: Bank: Payee:



St. MARY'S ORTHODOX CHURCH

AYYAPPANCOIL

Ayyappancoil P. O. 685507 Idukki Dist, Kerala Phone-954869-244474

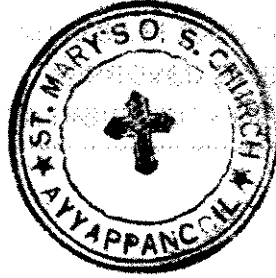
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40631876

Trustee/Vicar

Fr. J. K. Thomas

Subj:-



Date 30/4/07.

Ref:-

To

The Secretary

ILCO

U.S.A.

Dear Achen,

ഓം അനുഭവമേധാവിയായ

മാതാ അജിതാ എലിസബത്ത് സാബു, ഡി.എസ്.എസ്.

കോളേജ് റോഡ് മൂക്കുനാട് (പി), ഓം ~~കോളേജ്~~

നമ്മുടെ കോളേജ് നമ്മുടെ വാടക കരാറിലൂടെ

ഭാടം നൽകുന്നു. അതിൽ ആദ്യ പ്രദർശനം

അടുത്ത മാർച്ച് 24 നു നടന്നു വരികയും

അതിൽ നമ്മുടെ ജോലിയിൽ ഓം നമ്മുടെ

കോളേജ് നമ്മുടെ കരാറിലൂടെ

പ്രദർശനം നടന്നു.

Jerry's Orthodox

VICAR

ST. MARY'S O. S. CHURCH
AYYAPPANCOIL