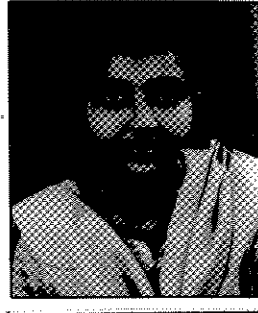


ICON Scholarship Fund

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: 21/5/07.....

1 a. Applicant's Full Name : ANNS ELIA ISSAC	2 a. Date of Birth : 20/05/1989
1 b. Email: N/A	2 b. Place of Birth : KANJIRAPALLY
3 a. Current Address PAYIKKATTU CH K-CHAPPATHU P.O. ALADY IDUKKI (DIST) KERALA (STATE)	2 c. Sex () Male (<input checked="" type="checkbox"/>) Female : Female
3 b. Phone: N/A	4. Permanent Address PAYIKKATTU (H) K. CHAPPATHU P.O. ALADY IDUKKI (DIST), KERALA (STATE)
College/School Information 5 a. Name MURALI KRISHNA SCHOOL OF NURSING	6. Field of Study GENERAL NURSING AND MIDWIFERY COURSE (NURSING)
5 b. Address : Murali Krishna school of Nursing P.B.No: 21, Nethaji Nagar, water tank Down, Podalapur Road, Nellore	7 a. Completed Last Course : PLUS TWO
5 c. Phone: 0861-2322531 524004, AP	7 b. Grade or Percentage of Marks obtained : 53.83%
5 d. Email: N/A	
5 e. Website: N/A	

Family Information

8 a. Father (Name): ISSAC UTHUPPU	8 b. Occupation: AGRICULTURE	8 c. Age: 50
9 a. Mother (Name): GIRACYKUTTY ISSAC	9 b. Occupation: HOUSEWIFE	9 c. Age: 42
10. Family Size (Number): FOUR	11. Total Family Income (Per Month): 450/-	
12. Brothers & Sisters: (Name and Age)	ONE SISTER AKHILA SUSAN ISSAC, 13 Yrs.	

ICON Scholarship Fund

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Reference Information

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

<p>13 a. Name & Address Roy Francis Pulikkal (H) K. Chappathu P.O. Alady Idukki (dist), Kerala (state)</p>	<p>13 b. Occupation : Business 13 c. Phone 04869244253 13 d. Relationship : Neighbour 13 e. Email: N/A</p>
<p>14 a. Name & Address Rekhu Ambattu, Ambattu (H) K. Chappathu P.O. Alady Idukki (dist), Kerala (state)</p>	<p>14 b. Occupation : Farmer 14 c. Phone : 9249135821 14 d. Relationship : Neighbour 14 e. Email N/A</p>

Church Information

15 a. Name & Address of the Orthodox Church attending or Nearest Orthodox Church : **ST. MARYS ORTHODOX CHURCH**
AYYAPPAN COL P.O.

15 b. Name of the Parish Priest: ~~KATTAPPAN~~
Fr. Kinnakose Valagil. MATTUKKATHA IDUKKI (dist)

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: 
 (Signature of a Parent if Applicant is 17 yrs old or less)

Date: **21/5/07**

Do not write below this line

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