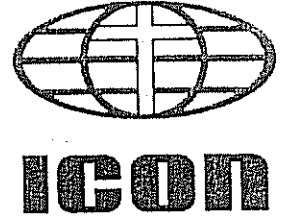


ICON Scholarship Fund

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: 9/4/06

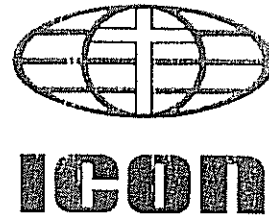
1 a. Applicant's Full Name <i>Anu George</i>	2 a. Date of Birth <i>1/02/1986</i>
1 b. Email: -	2 b. Place of Birth <i>Anakkara</i>
3 a. Current Address <i>Anu George Mullankuzhyil (77) Anakkara P.O.</i>	2 c. Sex () Male (X) Female
3 b. Phone: <i>04-868 283171</i>	4. Permanent Address <i>Anu George Mullankuzhyil (77) Anakkara P.O. Pin : 685512</i>
College/School Information	6. Field of Study <i>B.Sc. Nutrition, FSM & D</i>
5 a. Name <i>Anu George</i>	7 a. Completed Last Course <i>II year B.Sc Completed</i>
5 b. Address <i>Sri Adi Chunchanagiri Cumbum - 625516. Theni Dist</i>	7 b. Grade or Percentage of Marks obtained <i>78 %</i>
5 c. Phone <i>04554 - 273777, 270791</i>	
5 d. Email: <i>adms @ sacw college . Org</i>	
5 e. Website: <i>N.WW sacw college . Org</i>	

Family Information

8 a. Father (Name): <i>M.M. George</i>	8 b. Occupation: <i>Agriculture</i>	8 c. Age: <i>57</i>
9. a. Mother (Name): <i>Leelamma George</i>	9 b. Occupation: <i>House wife</i>	9 c. Age: <i>51</i>
10. Family Size (Number): <i>4</i>	11. Total Family Income (Per Month): <i>1000</i>	
12. Brothers & Sisters: (Name and Age)	<i>Anil George Age : 27</i>	

ICON Scholarship Fund

Application for Financial Aid



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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</p> <p><i>Annamma Abrahamo</i> <i>Pallattumattathil (12)</i> <i>Anakkara. P. O</i></p>	<p>13 b. Occupation <i>Teacher</i></p> <p>13 c. Phone <i>04868 282582</i></p> <p>13 d. Relationship <i>Neighbour</i></p> <p>13 e. Email: <i>-</i></p>
<p>14 a. Name & Address</p> <p><i>Eppen Thomas</i> <i>Elevanakizakel (12)</i> <i>Anakkara. P. O.</i></p>	<p>14 b. Occupation <i>Business</i></p> <p>14 c. Phone <i>04868 282118</i></p> <p>14 d. Relationship <i>Neighbour</i></p> <p>14 e. Email <i>-</i></p>

Church Information

<p>15 a. Name & Address of the Orthodox Church attending or Nearest Orthodox Church</p>	<p><i>St. Thomas Orthodox Cathedral</i> <i>Kunkiripette</i></p>
<p>15 b. Name of the Parish Priest: <i>P. M. Thomas</i></p>	

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]* Date: *9/4/06*
 (Signature of a Parent if Applicant is 17 yrs old or less)

Do not write below this line

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