

# 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](mailto:ICON.Org@gmail.com) or visit [www.ICON.Org.in/Charity/Scholarship](http://www.ICON.Org.in/Charity/Scholarship)

## Applicant Information

Today's Date **24.06.08**

1 a. Applicant's Full Name <b>Dona Kurien</b>	2 a. Date of Birth <b>28.05.1990</b>
1 b. Email	2 b. Place of Birth <b>Kanjikuzhy</b>
3 a. Current Address <b>Dona Kurien, 1st Year B.Sc Nursing Chaitanya College of B.Sc Nursing Rammagar 1st Lane Ongole - 528001, Andhra Pradesh</b>	2 c. Sex ( ) Male ( ) <input checked="" type="checkbox"/> Female
3 b. Phone: <b>08592 - 237626</b>	4. Permanent Address <b>Dona Kurien Kunnettkaragil Pazhyani Kondom PO Pazhyani Kondom Idukki Dist</b>
College/School Information 5 a. Name: <b>Chaitanya College of B.Sc Nursing</b>	6. Field of Study <b>Nursing</b>
5 b. Address <b>Rammagar 1st Lane Ongole - Andhra Pradesh</b>	7 a. Completed Last Course <b>Plus two</b>
5 c. Phone: <b>08592 - 237626</b>	7 b. Grade or Percentage of Marks obtained <b>72%</b>
5 d. Email:	
5 e. Website:	

## Family Information

8 a. Father (Name): <b>K.K. Kurien</b>	8 b. Occupation: <b>Agriculture</b>	8 c. Age: <b>52</b>
9 a. Mother (Name): <b>Antamma Kurien</b>	9 b. Occupation: <b>House wife</b>	9 c. Age: <b>44</b>
10. Family Size (Number): <b>4</b>	11. Total Family Income (Per Month) <b>1250</b>	
12. Brothers & Sisters: (Name and Age) <b>Brother Sister K. Kurien, 21</b>		

Form No: ICON SF 2006 V1

Page 1 of 2

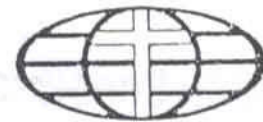
Dear Icon Members

Dona Kurien is a member of Kanjikuzhy St Thomas Orthodox church. Now she is studying at Andhra Pradesh for her study. She want maximum help from your side so please help her for her bright future.

Yours faithfully,  
Vicar St Thomas Orthodox Church  
Kanjikuzhy

# ICON Scholarship Fund

Application for Financial Aid



## ICON

++ Inform! Involve! Inspire! ++

### Reference Information

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

<p>13 a. Name &amp; Address</p> <p>Fr. Varghese Paul Elavumkudiyil Kanchiyar P.O Idukki Dist</p>	<p>13 b. Occupation</p> <p>13 c. Phone 9447850156</p> <p>13 d. Relationship Church Vicar</p> <p>13 e. Email sheeba-2000@apbso.com</p>
<p>14 a. Name &amp; Address</p> <p>K.C Mathew Kuttickal House Alpara P.O Kanjikuzhy Idukki Dist</p>	<p>14 b. Occupation Agriculture</p> <p>14 c. Phone 9495426354</p> <p>14 d. Relationship Secretary of church</p> <p>14 e. Email</p>

### Church Information

15 a. Name & Address of the Orthodox Church attending or Nearest Orthodox Church: St. Thomas Orthodox Church Kanjikuzhy, Idukki Diocese

15 b. Name of the Parish Priest: Fr. Varghese Paul

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

Date: 24/4/2008

Do not write below this line.

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