

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/Scholars.asp

Applicant Information

Today's Date: 20.4.2006

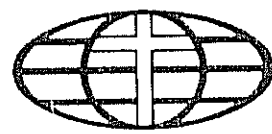
1 a. Applicant's Full Name <i>Elisabeth M. Jacob</i>	2 a. Date of Birth - <i>07/05/1989</i>
1 b. Email:	2 b. Place of Birth - <i>Cumbummettu</i>
3 a. Current Address <i>Mattathil house Cumbummedu. P.O Vandanmedu (via) Idukki munkippallom. pin-</i>	2 c. Sex () Male () Female <input checked="" type="checkbox"/>
3 b. Phone:	4. Permanent Address <i>Mattathil house Cumbummedu. P.O Vandanmedu. (via) Idukki munkippallom. pin.</i>
College/School Information 5 a. Name - <i>N.S.S. Hs Kootar</i>	6. Field of Study <i>+2</i>
5 b. Address <i>Karunapuram. P.O Karunapuram.</i>	7 a. Completed Last Course - <i>+2</i> <i>(+2 result is not published)</i>
5 c. Phone:	7 b. Grade or Percentage of Marks obtained - <i>Course - S.S.L.C</i> <i>% of marks - 57</i>
5 d. Email:	
5 e. Website:	

Family Information

8 a. Father (Name): <i>M.S. Jacob</i>	8 b. Occupation: <i>Agriculture</i>	8 c. Age: <i>46</i>
9 a. Mother (Name): <i>Merykkutti</i>	9 b. Occupation: <i>1)</i>	9 c. Age: <i>39</i>
10. Family Size (Number): <i>(5)</i>	11. Total Family Income (Per Month): <i>750</i>	
12. Brothers & Sisters: (Name and Age)		
<i>Benoy skaria - 19</i>		
<i>minimol skaria - 14</i>		

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Reference Information

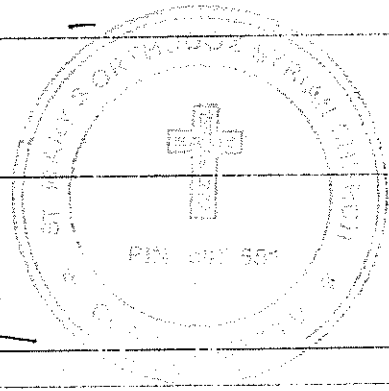
Please provide information about at least two people who know you and your family situation.

<p>13 a. Name & Address Mr. Roychar Madathilparampil House Cumbumetta. P.O Munkippallam. Idubbi PIN- 685551</p>	<p>13 b. Occupation Agriculture 13 c. Phone 04868-279920 13 d. Relationship Uncle 13 e. Email: -</p>
<p>14 a. Name & Address Mr. Kuzhomon Pathaparampil House Cumbumetta P.O Munkippallam. Idubbi.</p>	<p>14 b. Occupation Agriculture 14 c. Phone - 14 d. Relationship Neighbors. 14 e. Email -</p>

Church Information

15 a. Name & Address of the Orthodox Church attending or Nearest Orthodox Church
 Farm. C. Abraham.

15 b. Name of the Parish Priest: *[Signature]*



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]* - Elizabeth
 (Signature of a Parent if Applicant is 17 yrs old or less)

Date: 20.4.2006

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: