

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: 5-10-2007

1 a. Applicant's Full Name GEETHUMOL . K.C.	2 a. Date of Birth 2.2.1988
1 b. Email	2 b. Place of Birth Pookkaram.
3 a. Current Address Guelthimol . K.C. Sri Babubali School of Nursing Shravanasbelagola - 573135 Hassan (Dt) Karnataka	2 c. Sex (<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female)
3 b. Phone:	4. Permanent Address Guelthimol Kuttisseriil house Elappara P.O Elappara.
College/School Information 5 a. Name Sri Babubali school of Nursing	6. Field of Study G.N.M & Midwifery
5 b. Address Shravanasbelagola	7 a. Completed Last Course +2
5 c. Phone: 573135	7 b. Grade or Percentage of Marks obtained 50%
5 d. Email: Hassan (Dt) Karnataka	
5 e. Website:	

Family Information

8 a. Father (Name): chaeko Thoma	8 b. Occupation: Cody	8 c. Age: 58
9 a. Mother (Name): Elizabeth	9 b. Occupation: Housewife	9 c. Age: 45
10. Family Size (Number): 3	11. Total Family Income (Per Month): 1600/-	
12. Brothers & Sisters: (Name and Age) —		

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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 Anthony Deranar Kalliparambil Elayppara - P.O Elayppara</p>	<p>13 b. Occupation Mason 13 c. Phone — 13 d. Relationship Neighbor 13 e. Email</p>
<p>14 a. Name & Address E. M. John Sanichemil Elayppara - P.O Elayppara</p>	<p>14 b. Occupation Agriculture 14 c. Phone 04869242651 14 d. Relationship Neighbor 14 e. Email</p>

Church Information

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

15 b. Name of the Parish Priest: Fr Kuriakose chandy

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: Greethu Date: 5-10-07
 (Signature of a Parent if Applicant is 17 yrs old or less)

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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Malankara Orthodox Church
ST. MARY'S ORTHODOX CHURCH, ELAPPARA

Idukki Diocese

Vicar/Kaikkaran

P. Kerickose Parakkal

Date 7/10/2023



To, The Secretary,
 Grace Society,
 Kattappana.

Respected Achen.

ഈ ഉറപ്പിലെ ക്രിസ്തുമത കർമ്മങ്ങൾ
 വിട്ടുപോകാതെ തോന്നിയിട്ടുണ്ട്. ക്രൈസ്തവർക്കു
 നേടുമിടയിൽ ഉള്ളത്. നാലുപേർക്കു മാത്രം
 ഇവർ തന്നെയാണു്. എത്രയും വേഗം
 നേടുന്നതിൽ പരാമർശം ചെയ്യാൻ നേടുന്നതിൽ
 സുഹൃത്തുക്കൾക്കു്. തന്നെയാണു്. നാലുപേർക്കു
 ഇവർക്കു് പണം കൂടിയിട്ടുണ്ടാകാം. നാലുപേർക്കു്.
 അതുകൊണ്ട് നമ്മുടെ സഹായം വേണ്ടുന്ന വിദ്യാർത്ഥി
 ന്നായതിനാൽ നമ്മുടെ സഹായം ഇവർക്കു് നൽകുന്ന
 നാമുടനീളം. സുഹൃത്തുക്കൾക്കു് നേടുന്ന ഉത്തരവു്.
 അതുകൊണ്ട്

For St. Mary's Orthodox Church
 Elappara
 with love and prayers
 P. Kerickose Parakkal