



**BIRZEIT SOCIETY**

P. O. Box 1822  
NORWALK, CA 90651 U.S.A.  
TEL: (714) 991-1943  
FAX: (714) 991-1594

**APPLICATION FOR FINANCIAL AID**

Please read carefully the enclosed "Scholarship Guidelines" before completing this application.  
**Incomplete applications will not be considered.**

This application is for the academic year: \_\_\_\_\_

Deadline for receiving this application is: August 31<sup>st</sup>.

**I. General Information**

Student Number: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last Name in Arabic

Present Mailing Address: \_\_\_\_\_  
Street or P.O. Box Apt. #

City State/Country Zip or Postal Code Telephone

Permanent Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Place of Origin: \_\_\_\_\_

Type of visa in host country: \_\_\_\_\_

**II. Academic Information**

Name & Address of University/High School: \_\_\_\_\_

Program: \_\_\_\_\_ Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_ Other \_\_\_\_\_

Year in School: \_\_\_\_\_ Credit hours completed \_\_\_\_\_ GPA (Aver.) \_\_\_\_\_

Field of Study/Specialization: \_\_\_\_\_

Degree presently pursued: \_\_\_\_\_ Expected graduation date: \_\_\_\_\_

Degrees completed: \_\_\_\_\_

List all other educational institutions attended, with dates, including high schools: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ultimate academic goals/degree objectives: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### III. Personal Information

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Number of brothers/sisters in school: College: \_\_\_\_\_ High School: \_\_\_\_\_ Working: \_\_\_\_\_

Other: (specify): \_\_\_\_\_

### IV. Financial status:

Father's (Guardian's) name: \_\_\_\_\_ Age: \_\_\_\_\_

Is father employed? \_\_\_\_ His profession: \_\_\_\_\_ Employer: \_\_\_\_\_

Is mother employed? \_\_\_\_ Her profession: \_\_\_\_\_ Employer: \_\_\_\_\_

Family's source of income: \_\_\_\_\_

Family's monthly income (in U.S. dollars): \$ \_\_\_\_\_

Family's monthly expenses (in U.S. dollars): \$ \_\_\_\_\_

Your monthly income: \$ \_\_\_\_\_ Your monthly expenses: \$ \_\_\_\_\_

Estimated expenses for academic year: \$ \_\_\_\_\_

Available funds from family, savings, and all other sources: \$ \_\_\_\_\_

University financial aid stipend from teaching assistantship, or tuition waiver: \$ \_\_\_\_\_

List any financial aid received from Birzeit Society: \$ \_\_\_\_\_ Date: \_\_\_\_\_

List other organizations to whom you have applied for financial aid (*Answering this question does not affect your chances of receiving help from Birzeit society*):

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Are you currently receiving any financial assistant from any source? Please specify: \_\_\_\_\_

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Special circumstances that may affect your financial situation (You may add another sheet of paper, if needed):

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Essay: On a separate sheet of paper, briefly state your future plans after graduation. Explain why you chose your field of study and how it is related to the development of the your community.

**I certify that the information included in this application is true and complete to the best of my knowledge. Any false information will be sufficient reason for rejection of this application.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **VI. Mailing Your Applications**

Please mail your completed and signed application, along with all required documents, before the specified deadline to:

**Mail Directly to:**

Birzeit Society  
P. O. Box 1822  
Norwalk, CA 90651  
U.S.A.

**Or Deliver application to any of the following BZS Education Committee members in Birzeit.**

**Dr. Munir Anise Nasser (Chairman)**  
**Dr. Yacoub Ziadeh**  
**Mr. Walid Odeh**  
**Mr. Azar Burbar**  
**Mrs. Rawand Abed**