



Grade Point Average \_\_\_\_\_ Date Attended \_\_\_\_\_  
(Please attach official transcripts)

**2. SCHOLARSHIPS OR AWARDS RECEIVED: (Please specify source and year):**

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**3. OTHER SOURCES OF FUNDING: (Please indicate amount and period during which aid is applicable)**

**LOANS** \_\_\_\_\_

**GRANTS** \_\_\_\_\_

**FINANCIAL AID** \_\_\_\_\_

**OTHER SOURCES: (Parents, etc.)**

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**4. EXTRACURRICULAR ACTIVITIES: (Please list all academic, civic and community activities you are involved, positions held and dates)**

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**5. FINANCIAL NEED**

**A. Father's full name and place of birth:**

\_\_\_\_\_

Occupation\_\_\_\_\_Annual\_Salary \$.....

**B. Mother's full name and place of birth:**

\_\_\_\_\_

Occupation\_\_\_\_\_Annual\_Salary \$.....

**C. Spouse's full name and Place of Birth:**

\_\_\_\_\_

Occupation\_\_\_\_\_Annual\_Salary \$.....

**6. WORK EXPERIENCE (Please list employment)**

**EMPLOYERS' NAME AND ADDRESS**

**Period of**

**Employment**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. PLEASE TELL US THE REASON FOR YOUR APPLICATION**

**8. HOW DID YOU FIND OUT ABOUT OUR SCHOLARSHIP FOUNDATION?**

**9. PLEASE TELL US THE SOURCE OF YOUR GREEK ORIGIN.**

**10. PLEASE GIVE US A BRIEF ACCOUNT OF YOUR FUTURE PLANS.**

**11. HAVE YOU EVER APPLIED TO THE CCF FOUNDATION BEFORE?**

Yes (If yes, please specify date)..... No

**HAVE YOU EVER BEEN GRANTED AN AWARD BY THIS FOUNDATION?**

Yes (If yes, please specify date)..... No

**12. ARE YOU WILLING TO VOLUNTEER TIME TO THE CYPRUS CHILDREN' S FUND?**

Yes No

If yes, please state number of hours per week. ....per week.

**I agree that the decisions of the Scholarship Selection Committee are final.**

\_\_\_\_\_  
APPLICANT'S NAME Date:

\_\_\_\_\_  
APPLICANT'S SIGNATURE Date: Telephone Number

**WITNESS: (Please have a witness sign this application.)**

\_\_\_\_\_  
WITNESS NAME:

WITNESS ADDRESS: \_\_\_\_\_

WITNESS'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Telephone Number: