



IRANIAN - AMERICAN COMMUNITY CENTER

Central Florida

5570 S. US Highway 17-92, Casselberry, FL 32707

www.iaccfl.org

SCHOLARSHIP APPLICATION

Personal Information:

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Date of Birth: _____ City & Country of Birth: _____ Gender: Female Male

Marital Status: Single Married Divorced No. of Children: _____

Citizenship: U.S. Citizen U.S. Permanent Resident On Visa Type of Visa: _____

Have you ever been convicted of a felony? Yes No
If yes, please explain: _____

Education:

High School Name: _____ Address: _____

Graduation Date: _____ City: _____ State: _____ Zip Code: _____

High School GPA: _____ SAT Score: _____ ACT Score: _____

College/University Name: _____ Address: _____

Study Major: _____ City: _____ State: _____ Zip Code: _____

Date Attended: From _____ To _____ Credit Hours Taken: _____ Current GPA: _____

Are you a full time student? Yes No Expected Graduation Date: _____
How many credit hours are you taking? _____

Are you currently receiving or will you receive Financial Aid? Yes No
If yes, explain how & how much: _____

Family Information:

Father:

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Date of Birth: _____ City & Country of Birth: _____

Marital Status:
Married Divorced No. of Children (including you): _____

Employer: _____

Mother:

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Date of Birth: _____ City & Country of Birth: _____

Marital Status:
Married Divorced No. of Children (including you): _____

Employer: _____

Employment Information:

List your work experience in the past four years including name & address of the employer(s), nature, and duration of each work experience:

Do you plan on working during the period for which this scholarship applies? Yes No
If yes, where and what type of work?

Extracurricular Activities:

List your extracurricular activities not related to school:

List your hobbies, interests, memberships, etc.:

Requirements:

-Please note that deadline to send this application and all supporting documents to IACC is June 1st.
The complete package should be postmarked no later than June 1st of upcoming academic year.

-IACC requires a copy of your most recent transcripts.
Your transcripts may be attached to this application or mailed separately before the deadline.

-IACC requires two recommendation letters from non-family people. The recommendation letters can be from teachers/professors, school counselors or community service advisors, work supervisors, employers, etc. Please provide names of the two people who will be submitting the recommendation letters:

1- Name: _____ Relationship: _____

2- Name: _____ Relationship: _____

Recommendation letters may be attached to this application or mailed separately before the deadline.

Certification:

I certify that the information on this application is true and correct. I understand that this form is used to establish eligibility for the scholarship, and that if I purposely give false or misleading information on this form, it may result in the forfeiture of any awards from this program. I realize that all awards are subject to the decision of the Board of Directors of the Iranian-American Community Center of Central Florida, and the availability of funds. I am also prepared to complete minimum 10 hours of community service during the term of this scholarship, as determined by IACC.

Signature: _____ Date: _____