



IRANIAN - AMERICAN COMMUNITY CENTER

Central Florida

185 Anchor Road Casselberry FL 32707

<https://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

Citizenship:
U.S. Citizen U.S. Permanent Resident On 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? _____

Family Information:

Father:

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

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

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

Mother:

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

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

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

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 20th. *The complete package should be postmarked no later than June 20th 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: _____