Huntsville India Association

SCHOLARSHIP PROGRAM 2018 APPLICATION FORM

**Scholarship Amount**

2 Scholarships of $1,000 each

**Eligibility Criteria**

1. Candidate should be admitted to a US accredited university as a freshman in a 4-year undergraduate

program.

2. Candidate must be ward of an HIA member. One can become HIA member for a single year by paying

the HIA membership fees for that year or become a life member. HIA membership fee is $25 per year or

$500 for life membership. Visit http://www.hiaweb.org/membership.html to become a HIA member.

**Procedure to Submit Application**

Mail this form along with the self-attested copies of supporting documents to:

Huntsville India Association

P.O. Box 6861

Huntsville AL 35813 by the deadline.

**List of Supporting Documents**

1. ACT/SAT scorecard. (Must be Notarized).

2. School Transcript/Grades (Must be Notarized).

3. Proof of fees payment at a US accredited university (if applicable)

4. Maximum 500 words Essay/Personal statements detailing the goals and reasons for application for the

scholarship

5. Documents for extra-curricular activities and voluntary service.

**Selection Process**

1. A scholarship committee consisting of a renowned academician, HIA committee representative and a

community representative will be setup.

2. A scholarship committee will go through all applications received by the deadline.

3. Marks will be awarded to each candidate based on following categories and percentage: SAT/ACT score (50%), extra-curricular activities (sports/fine arts/robotics) (20%), community voluntary service (10%), essay (20%).

**Important Dates**

1. Start of application process: June 1st 2018

2. Last date of applications: July 31st,2018.

3. Screening and review process will be finished by: September 30th, 2018 and applicants will be notified by email.

4. Scholarship awardees will be felicitated on stage during Diwali celebration (date to be decided)

**Questions?** e-mail: contactus@hiaweb.org Website: www.hiaweb.org.

**Eligibility:** Applicants must meet these criteria to be eligible. Please initial.

**1. \_\_\_\_** I confirm that I am admitted to a US accredited university as a freshman in a 4-year

undergraduate program.

2. **\_\_\_\_** I confirm that I am a ward of an HIA member.

**Personal Details:**

**1. Name:**

a. Applicant’s First name-- Middle name-- Last name:

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

b. HIA Member’s (Guardian of Applicant’s) First name-- Middle name-- Last name:

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

**2. Have you ever received HIA scholarship before?**

\_\_\_Yes (Year: \_\_\_\_\_\_\_\_ ) or \_\_\_ No.

**3. Home address:**

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

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_ Country: \_\_\_\_\_\_\_ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Primary telephone:** (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Secondary telephone:** (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Extension:** \_\_\_\_\_\_

**6. E-mail**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7**. **Date of Birth** (MM/DD/YYYY): \_\_\_\_\_\_\_/ \_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_

**8. Which school did you/do you currently attend?**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_

Phone number: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your current GPA?: \_\_\_\_\_\_\_\_\_\_

**9. SAT/ACT Scores:** SAT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ACT\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10. List any other institutions you have attended:**

15a. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

15b. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11. Extra-curricular Activities (Sports/Fine Arts/Robotics/ Others (Please Mention):**

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**12. Community Involvement:**

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**12. Certification Statement:**

By signing my name below, I confirm that all of the information provided above and

in the accompanying documents is true and correct to the best of my knowledge.

Signature of the Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_