

**ARIZONA SWISS FOUNDATION
SCHOLARSHIP APPLICATION FOR ACADEMIC YEAR 2024-25**

NAME _____

HOME ADDRESS _____

SCHOOL ADDRESS _____

PHONE (H) _____ (Sch) _____ E-MAIL _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

SWISS CITIZEN Yes ___ No ___ MARITAL STATUS _____ No of DEPENDENTS ___

SWISS DESCENT (explain) _____

PARENTS' NAME _____

ADDRESS (IF DIFFERENT) _____

EDUCATIONAL PLANS FOR ACADEMIC YEAR 2024-25

School I plan to attend: _____ State: _____

Degree ___ Major: _____ Expected Graduation Date _____

HIGH SCHOOL INFORMATION: (Graduated High School Seniors only)

School Name: _____ Graduation Date _____

COLLEGE/UNIVERSITY ATTENDED (Name, Dates)

FINANCIAL INFORMATION

1. EDUCATIONAL COSTS FOR SCHOOL YEAR 2024-2025

TUITION/FEES	\$ _____
ROOM AND BOARD (if away from home)	\$ _____
BOOKS AND SUPPLIES	\$ _____
SPECIAL PROGRAM FEES	\$ _____
OTHER (specify)	\$ _____
TOTAL ESTIMATED COSTS	\$ _____

2. FINANCIAL AID AND LOANS (specify)

SCHOLARSHIPS _____	\$ _____
TUITION AND/OR FEE WAIVERS _____ _____	\$ _____
LOANS _____	\$ _____
WORK (Specify number of hours)	\$ _____

ARE PARENTS SUPPORTING OTHER CHILDREN IN COLLEGE _____
IF YES, HOW MANY TOTAL _____

THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT TO THE
BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ALL DECISIONS BY THE
BOARD OF THE ARIZONA SWISS FOUNDTION ARE FINAL.

APPLICANT'S SIGNATURE _____ DATE _____

PARENTS'/GUARDIAN'S SIGNATURE _____ DATE _____