

ARVA Foundation Hindu Center Scholarship Program

Application/Personal Information Form

To the applicant: Please fill out the following personal information

Name _____ (Printed) University email _____

Home or Preferred email _____

Name of University : _____ Address _____

Student Number: _____

Major field of Study _____

Expected Date of Graduation _____

Contact Telephone Number _____

Home Telephone Number _____

Cell Telephone Number _____

Father's Name _____

Mother's Name _____

Are Your Parents members of Hindu Center? _____

Have you received offer of any other scholarship? Yes _____ , No _____

If yes, then state the total amount _____

Signature _____

Date _____

For Committee Use: