

**ARVA Foundation Hindu Center Scholarship Program**

**Application/Personal Information Form**

**To the applicant: Please fill out the following personal information**

Name \_\_\_\_\_ University email \_\_\_\_\_  
(Printed)

Name of University : \_\_\_\_\_ Address \_\_\_\_\_

Student Number: \_\_\_\_\_

Major field of Study \_\_\_\_\_

Expected Date of Graduation \_\_\_\_\_

Contact Telephone Number \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Home Email \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Are Your Parents members of Hindu Center? \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Committee Use:**