



# SOPHIA MERIT SCHOLARSHIPS, Inc.

( A Charitable, non-profit Corporation )

( IRS DLN # 17053077019019, California Corporation # 2134334, FEIN # 68-0427261 )

WEB SITE: [www.sophiascholarship.org](http://www.sophiascholarship.org)

## APPLICATION FOR SCHOLARSHIP 2008

### PLEASE TELL US ABOUT YOURSELF:

First Name:	Last Name:	Mr. Ms.
Street Address:		
Town:	State:	PIN:
Date of Birth:	Contact Phone number:	
Email Address for contact:		

Are you related to any member of the Sophia, Inc. Selection Committee? Yes No

### PLEASE TELL US ABOUT YOUR FINANCIAL STATUS:

Father's Name:	Occupation:	Monthly Income:
Address of Employer:		Reference Name and Phone number for verification:
Mother's Name:	Occupation:	Monthly Income:
Address of Employer:		Reference Name and Phone number for verification:

Brief explanation of need for financial help:

### PLEASE TELL US ABOUT YOUR ACADEMIC ACHIEVEMENTS:

Final Examination (Pre-College) Overall Score (Attach copy of Score Card):	Rank in entrance examination:
Course being Pursued:                      Engineering                      Medicine	
Admission Secured: Yes No (Attach copy of admission notification)	Name of College/University:                      Did you pay capitation fees to secure admission? Yes No
Estimated annual costs : Fees: _____ Boarding: _____ Lodging: _____ Other: _____	

### PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

I understand that if any of the above statements are proven false, the scholarship will be denied / cancelled. Also, if I do not complete each semester or year successfully, my scholarship will be cancelled. I will submit the college score card to Sophia at the end of each semester / year.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

The following area is for the use of the Selection Committee.

APPLICATION No. \_\_\_\_\_ Date Received: \_\_\_\_\_

Applicant meets the academic criteria:	Yes	No	
Applicant meets the financial eligibility criteria:	Yes	No	
References verified:	Yes	No	
College/University admission status verified:	Yes	No	
Evaluator Disposition: Award scholarship?	Yes	No	Hold
Evaluator comments:	_____		
Evaluator Name:	Signature:	Date:	