



ZOROASTRIAN ASSOCIATION OF GREATER NEW YORK

106 Pomona Road, Suffern NY 10901

<http://www.zagny.org> contact@zagny.org

APPLICATION

FOR

ZAGNY

ACADEMIC SCHOLARSHIPS

2017 – 2018



ZAGNY ACADEMIC SCHOLARSHIPS

INSTRUCTIONS

The ZAGNY Academic Scholarships provide financial assistance to Zarathustis for full-time study at a college, university or equivalent academic institution. The Scholarships are offered in recognition of academic excellence and are intended to assist students who demonstrate a need for financial assistance.

ZAGNY will provide students with interest-free loans as financial assistance, repayable over a period of time, upon completion of the course of study. The detailed terms and conditions of the interest-free loan will be provided to the awardees by the Chair of the ZAGNY Scholarship Committee upon selection by the ZAGNY Board of Directors and is also indicated in the promissory note. The scholarship committee will determine the amount of the scholarship to be granted each year. In the past, the interest-free scholarship has been awarded to the recipient for the amount between \$2,000 to \$5,000.

ELIGIBILITY CRITERIA

- Zarathustis who are currently enrolled as full-time students, for the current academic year, in an undergraduate or graduate-level program.
- All Applicants may enroll at an academic institution in the US only and must have a US based sponsor/guarantor.
- An individual, including prior applicants and recipients, may apply for the Scholarships for maximum of three (3) consecutive academic years; he or she is enrolled for full-time study at an academic institution.

JUDGING CRITERIA

The two main criteria, weighted equally, on which applicants will be judged, are:

- Academic achievements, including involvement in extracurricular activities and service to community
- Demonstrated Financial need



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APPLICATION PROCEDURES

- Download the Application Form from the ZAGNY website - <http://www.zagny.org>
- Mail signed copy of the completed Application Form and relevant attachments to the attention of the ZAGNY Scholarship Committee:

Kerman N. Dukandar
19 Chesterfield Drive
Chester, NJ 07930

Or

- Email the scanned completed signed Application Form to the Scholarship Committee at kerman@zagny.org

NOTE: The two promissory notes have to be notarized and the original notarized note needs to be sent by post to the address above

- It is the applicant's responsibility to ensure that the Application Form, attachments and references are received by the ZAGNY Scholarship Committee Chair, **no later than August 1, 2017.**

SELECTION PROCESS

- The applications are evaluated by the Scholarship Committee appointed by the ZAGNY Board of Directors.
- The Scholarship Committee may interview selected applicants, as necessary.
- The applications will be evaluated according to the judging criteria above based on the information provided in the application form and the interview process.
- The recipients of the ZAGNY Academic Scholarship for the 2017-18 academic year will be selected no later than **August 31, 2017.**



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ZAGNY ACADEMIC SCHOLARSHIPS

APPLICATION FORM 2017-18

A. PERSONAL PROFILE

1. NAME (Last, First, Middle)

2. MAILING ADDRESS

3. CURRENT TELEPHONE

4. EMAIL

5. PERMANENT ADDRESS



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6. PERMANENT TELEPHONE

7. DATE OF BIRTH

8. PLACE OF BIRTH

9. COUNTRY OF CITIZENSHIP

10. VISA STATUS for NON-U.S. CITIZENS

11. MARITAL STATUS

12. NAME & ADDRESS OF INSTITUTION YOU ARE ENROLLED IN

13. MAJOR FIELD OF STUDY/ INTENDED PROFESSION OR DEGREE



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14. NAME OF PARENT OR GUARDIAN

15. IF GUARDIAN, RELATIONSHIP WITH GUARDIAN

16. ADDRESS OF PARENT OR GUARDIAN

17. TELEPHONE AND EMAIL OF PARENT OR GUARDIAN

18. MOTHER'S OCCUPATION _____ FATHER'S OCCUPATION _____

19. HOUSEHOLD INCOME:

- Below \$60,000 ____;
- Between 60,000-\$150,000 _____,
- Above \$150,000 _____



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B. EDUCATIONAL INFORMATION

List chronologically all colleges, professional schools or other institutions of higher education you have attended, starting from secondary/high school.

ATTACH RELEVANT TRANSCRIPTS.

NAME OF INSTITUTION	LOCATION	DATES OF ATTENDANCE	DEGREE/DIPLOMA
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2 HONORS, AWARDS, SCHOLARSHIPS RECEIVED DURING THE PAST FOUR YEARS.

SPECIFY YEAR AND DURATION.



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C. FINANCIAL INFORMATION

1. ARE YOU LIVING: (CHECK ONE)

Alone

With spouse

With parent

With relative

In university residence

2. DO YOU FILE A US OR CANADIAN TAX RETURN? (CIRCLE ONE) Yes No

3. ARE YOU CLAIMED AS A DEPENDENT ON PARENTS OR OTHER RELATIVES? PLEASE SPECIFY.

4. List all employers for the past FOUR years (attach additional sheets if necessary)

NAME OF EMPLOYER	LOCATION	TELEPHONE	DATES	JOB DESCRIPTION
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5. EXPECTED COST OF TUITION FOR APPLICATION YEAR (ATTACH DOCUMENT SEE LAST PAGE)

6. EXPECTED COST OF HOUSING: (ATTACH DOCUMENTATION)

7. OTHER FEES/EXPENSES FOR NEXT YEAR E.G. BOOKS, STUDENT FEES ETC. PLEASE ITEMIZE.



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8 EXPECTED COST OF LIVING (FOOD, CHILD CARE ETC.) NEXT YEAR

9. TOTAL EXPECTED COSTS FOR NEXT YEAR (ADD LINES 5, 6, 7, 8) =

10. LIST ALL SCHOLARSHIPS, GRANTS, FELLOWSHIPS, ASSISTANTSHIPS ETC YOU WILL BE RECEIVING NEXT YEAR

NAME & KIND OF AWARD	GRANTING AGENCY	AMOUNT	CERTAIN/UNCERTAIN
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11. EXPECTED INCOME FROM JOBS (INCLUDING THAT OF SPOUSE)

PLACE OF EMPLOYMENT	AMOUNT	CERTAIN/UNCERTAIN
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12. LIST OTHER FINANCIAL RESOURCES LIKE PARENTAL AND FAMILY SUPPORT

NATURE AND KIND OF SUPPORT	AMOUNT	CERTAIN/UNCERTAIN
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13. LIST LOANS THAT YOU, YOUR SPOUSE OR YOUR PARENTS ARE/WILL BE LIABLE FOR

LOAN DATE INCURRED	ORIGINAL AMOUNT	MONTHLY PAYMENT	BALANCE
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14. PLEASE EXPLAIN YOUR FINANCIAL NEED FOR THIS SCHOLARSHIP. INCLUDE ANY SPECIAL CIRCUMSTANCES THAT YOU FEEL SHOULD BE TAKEN INTO CONSIDERATION WHEN REVIEWING YOUR APPLICATION. LIKE # OF PEOPLE IN YOUR HOUSEHOLD, AND THEIR NEEDS. ATTACH ADDITIONAL SHEETS IF NECESSARY.



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D. EXTRACURRICULAR ACTIVITIES

1. List all extracurricular activities in the past **FOUR** years. Include your participation in debates, drama, athletics, music, school organizations and student councils including offices held.

NAME OF ORGANIZATION	DATES	DESCRIPTION OF ACTIVITY
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E. COMMUNITY SERVICE

1. LIST ALL ACTIVITIES IN THE PAST 4 YEARS THAT DEMONSTRATE YOUR SERVICE TO THE COMMUNITY

NAME OF ORGANIZATION	DATES	DESCRIPTION OF ACTIVITY
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F. PERSONAL STATEMENT

Please provide a brief Personal Statement that will help the Scholarship Committee to get to know you better. Tell us something about yourself that is not already captured in other parts of this Application Form or use it as an opportunity to further describe something about your academic achievements, financial situation, extracurricular involvement or service to the community. (Suggested length: No more than 300 words)



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G. REFERENCES/ ATTACHMENTS

List THREE (3) persons who will send letters of recommendation for you and state their relationship to you.

- One reference must be from a person with whom you have an academic or professional relationship
- One reference must be from a close family friend or relative
- One reference must be from an active ZAGNY member

1. LETTERS MUST BE SENT DIRECTLY TO THE PERSON WHO IS RECEIVING THE FORM.

NAME	RELATIONSHIP	CONTACT INFO (TELEPHONE/EMAIL)
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Everyone must have a US based sponsor (proof of residence required) sign a promissory note testifying that they will return funds to ZAGNY if the student defaults on payment terms. The guarantor must have proven ability to pay. Proof is required in the form of bank statements or a W-2 form.



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H. ACKNOWLEDGEMENT

I certify that the information provided on this application is true and complete and I will be a full-time student at the institution named in the form for the 2016-17 academic year. I affirm that I will use the funds obtained as a result of this application solely for the expenses related to attendance at the institution named in the form. If the funds are not needed for the purpose they were given, then I agree to return the unused amount.

I, the Applicant and the Guarantor also acknowledge that we would duly inform ZAGNY and/or ZAGNY scholarship committee immediately of any change in the contact information such as mailing address, phone numbers and email address as mentioned in this application.

I understand that the ZAGNY Board and the Scholarship Committee reserves the right to grant Loan scholarship based on the judging criteria mentioned in this application.

SIGNATURE OF APPLICANT: _____ DATE: _____

ADDRESS: _____

CONTACT NO. _____

EMAIL: _____

SIGNATURE OF GUARANTOR: _____ DATE: _____

ADDRESS: _____ CONTACT

NO. _____ EMAIL: _____



CHECKLIST FOR APPLICANTS

Please check that the application packet contains the following:

1. Application form duly filled and signed on last page
2. Attested transcripts of high school and college courses
3. Proof of expected tuition expenses, e.g. fee receipt or page from college catalog
4. Proof of housing expenses like rent receipt or dorm fees from college catalog
5. Proof of admission
6. Letters of recommendation from references.
7. Proof of parents and guarantors permanent address
8. Acknowledgement to be signed by both the Student and the Guarantor.
9. Sample Promissory note which would be signed by scholarship recipient and notarized on receipt of the interest-free loan scholarship and returned to the .ZAGNY scholarship committee whose contact information is mentioned in the application procedure section of this application
10. Sample Promissory note which would be signed by Guarantor and notarized on receipt of the interest-free loan scholarship to the recipient (student) and returned to the .ZAGNY scholarship committee whose contact information is mentioned in the application procedure section of this application.



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PROMISSORY NOTE

(Recipient)

Date: _____

I, _____, residing at

_____.

Recipient of the interest-free scholarship promise to pay the Zoroastrian Association of Greater New York (106 Pomona Road, Suffern, NY 10901) the sum of \$_____ (Dollars _____) which had been loaned for assisting in my education expenses.

I understand that this is an interest-free loan provided to me with the following **Terms of Payment:**

- a) Commence payments no later than 12 months after the Graduation for which the interest-free loan was received from ZAGNY.
- b) Repay the loan in equal monthly installments or in a lump sum.
- c) Minimum monthly payment will be \$75.00.
- d) Loan will be fully paid up within 36 months of first payment.
- e) Preferred mode of payment is direct bank electronic transfer periodically, pertaining bank information would be provided by the ZAGNY Treasurer.

The ACTUAL monthly amount, as well as the total repayment duration, will be left to my discretion, subject to the conditions specified above. However, I will attempt to repay the loan as soon as possible, recognizing that my repayments will make funds available to other needy students. In the event that my loan is not fully paid within the terms stated above, interest will accrue on the outstanding balance at the rate of 10 percent per annum.

Signature _____ Date _____

Recipient's Signature

Contact No. _____ Email : _____

Seal and Sign of Notary Public



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PROMISSORY NOTE

(Guarantor)

Date: _____

I, _____, residing at

_____.

in the situation when recipient of the interest-free scholarship “_____” is unable to pay back the loan, I promise to pay the Zoroastrian Association of Greater New York (106 Pomona Road, Suffern, NY 10901) the sum of \$_____ (Dollars _____) which had been loaned for assisting in recipient’s education expenses.

I understand that this is an interest-free loan provided to the recipient with the following **Terms of Payment which have been agreed by the recipient:**

- a) Commence payments no later than 12 months after the Graduation for which the interest-free loan was received from ZAGNY.
- b) Repay the loan in equal monthly installments or in a lump sum.
- c) Minimum monthly payment will be \$75.00.
- d) Loan will be fully paid up within 36 months of first payment.
- e) Preferred mode of payment is direct bank electronic transfer periodically, pertaining bank information would be provided by the ZAGNY Treasurer.

The ACTUAL monthly amount, as well as the total repayment duration, will be left to my discretion, subject to the conditions specified above. However, I will attempt to repay the recipient’s loan as soon as possible, recognizing that my repayments will make funds available to other needy students. In the event that the recipient’s loan is not fully paid within the terms stated above, interest will accrue on the outstanding balance at the rate of 10 percent per annum.

Signature _____ Date _____

Guarantor’s Signature

Contact No. _____ Email : _____

Seal and Sign of Notary Public