



## Student Scholarship Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City Country*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Applying for: \_\_\_\_\_ Start date: \_\_\_\_\_ Amount needed: \_\_\_\_\_

School Applied for: \_\_\_\_\_

Are you a citizen of the Aruba? YES  NO  If no, are you authorized to work/study? YES  NO

Do you have your own source of income? YES  NO  If yes, how? \_\_\_\_\_

Did you apply before for student aid? YES  NO

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

