



*This application is an initial request for information and a student's request for aid cannot be considered until all of the information on the application and the formal portfolio are submitted. Completion and submission of this application does not imply a commitment of aid from AGFAF.*

### Application Checklist

As part of the application process we request the applicants to complete the following form with the required supporting materials. **The information on the application form are for AGFAF's initial screening, the final selection decision is dependent on the academic portfolio, results of the interview(s) and final decision of the AGFAF Board.** The application should comprise the following information and documentation in the noted sequence:

- AGFAF Application
- Current resume or CV copy of passport, and photo (if available)
- Recent transcripts (unofficial is fine at this point in the application process)
- Standardized test scores which must include a TOEFL result. Also, PSAT, SAT and/or ACT if appropriate
- Copy of 2 Passport pages: page with photo and page with expiration date (if available)
- Any other information or documentation which you feel may enhance your application

**Applicant Personal Information**

➔ Please complete this application in English in typewritten or printed letters

*Please attach a current photo of yourself (taken within the past year)*

**Full Name (exactly as listed on your passport):**

Name:  
Surname:

Nickname/Preferred to be Called:

**Home Address**

Number/Street: City/Town: State/Province:

Home Telephone: Mobile Phone:

Email: Skype:

Age: Place of Birth: Date of Birth: Year  
City/Country Day Month (spelled out)

**Family Information**

Father's Full Name: Living   
Deceased

Home Address (if different):

Country of Birth: Date of Birth:

Occupation: Employer:

Mother's Full Name: Living   
Deceased

Home Address (if different):

Country of Birth: Date of Birth:

Occupation: Employer:

**If you are married, what is the status of your spouse? Currently employed?**

Spouse's Full Name: Living   
Deceased

Home Address (if different):

Country of Birth:

Date of Birth:

Occupation:

Employer:

***Brothers and/or Sisters: Names and ages of other children in the family***

Name(s)

Age

Living at Home/School\*/Other

**\*If any siblings are currently attending or have previously attended school in the United States, please list school, year(s), graduation date and sponsoring organization (if applicable)**

**\*For any siblings who attended school in the United States, please indicate where they are located now and what they are doing?**

***Other relatives living in the United State or Canada (please list additional names/addresses on separate sheet)***

Name:

Name:

Address:

Address:

Phone Number:

Phone Number:

## **Education of the Applicant**

*School you presently attend, or last school attended. If currently attending, in what year are you enrolled?*

School Name:

School Address:

Date Attended:

Date Graduated: DD/MM/YYYY

What is your anticipated graduation date? DD/MM/YYYY

*Schools/professional trainings you have attended in the past.*

Name of the School:

School Address:

Date Attended:

Date Graduated: DD/MM/YYYY

Program Name (if applicable):

*Other schools/programs:*

Name of the School:

School Address:

Date Attended:

Date Graduated: DD/MM/YYYY

Program Name (if applicable):

***English Language Proficiency:***

How many years have you studied English at school?      Elsewhere:

Please list scores for the following standardized tests (if you have taken): TOEFL      IELTS

ACT      SAT      PSAT      GRE

List other languages you speak or study, note proficiency

Which academic subjects interest you most?

- 1.
- 2.
- 3.

***Honors/Awards:***

Name/Title:

Year:

Name/Title:

Year:

Name/Title:

Year:

What field of study or future profession are you considering?

## **Personal Statement & Study Objective**

### **Personal Statement**

*In 300 words, write a clear statement that highlights how you have attained your achievements so far and describes your future goals. Please include information about your personal, educational and professional experience, special interests, and career objectives. It should not be a mere listing of facts. Describe any significant factors that have influenced your educational background, professional, and leadership development. Include evidence of experience displaying commitment to empowerment of young Afghan women and/or work toward ending gender discrimination in Afghanistan. (this may be written on a separate sheet of paper)*

### **Study Objective**

*In 300 words, write a clear and detailed description of your study objectives and give your reasons for wanting to pursue them. Be specific about your major field of study and your specialized interests within this field. Describe the kind of program you expect to undertake and explain how your study plan fits in with your previous training (include number of years of experience in the relevant field of study) and your future objectives/ your 10 year vision (i.e. career plans).*

### **Applicant Declaration**

I do hereby declare that I have carefully read and considered the terms and conditions in "An Introduction to AGFAF" and agree to honor them and have submitted the information reported on this form, to the best of my knowledge and belief as true, correct and complete. I understand that any finding that information was intentionally submitted in a false or incomplete manner could result in a cancellation of AGFAF support.

Signature of Applicant (print name & sign):

Date: DD/MM/YYYY

### **Other Information**

How did you hear about AGFAF?

Are you currently in contact with or have you previously contacted other organizations regarding financial aid? YES  NO

If yes, please list organization and result

Have you previously applied for a US visa? YES  NO

If so, what was the outcome of the application?

Please provide current list of vaccinations you have received:

- 1.
- 2.
- 3.

### **Financial Information**

Name (exactly as listed on your passport).

	Name	Surname
<b><i>Family Information</i></b>		
Check all that apply:		
<input type="checkbox"/> Parents married	<input type="checkbox"/> Father disabled	<input type="checkbox"/> Father deceased
<input type="checkbox"/> Single Parent	<input type="checkbox"/> Mother disabled	<input type="checkbox"/> Mother deceased
<input type="checkbox"/> Parents divorced or separated		

Check for all persons whose financial data are entered on this form:

<input type="checkbox"/> Father	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Male Guardian
<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Female Guardian

***How many children, including the student applicant, are receiving financial support from the above?***

**Parents' Annual Income and Expenses** (for the full current year) (US Dollars)

Gross salaries and wages – father, stepfather, male guardian	\$
Gross salaries and wages – mother, stepmother, male guardian	\$
Dividend and/or interest income	\$
Other income (government support, etc.).	\$
Total income taxes paid (if applicable)	\$
Total dental and medical expenses (not covered by insurance or government programs)	\$
Other tuitions/school expenses (total)	\$
Unusual family or household expenses (explain on back of sheet)	\$

**Parents' Assets and Liabilities**

Bank accounts	\$
Other investments	\$
Debts (do not include mortgages, business car or consumer debt)	\$
Consumer debts (credit cards)	\$
Amount of debt to be paid in current year	\$

	Purchase Price: Payment:	Present Market Value:	Unpaid Mortgage:	Total Annual
Home (if owned):				
Year purchased:	\$	\$	\$	\$
Other real estate:				
Year purchased:	\$	\$	\$	\$

Parents'/Guardians' Certification and Authorization: We declare that the information reported on this form, to the best of our knowledge and belief, is true, correct and complete. AGFAF has our permission to verify the information reported. AGFAF has the right to rescind any financial aid award where appropriate.

DD/MM/YYYY

Signature of Male Parent or Guardian

Signature of Female Parent or Guardian

Date

The single overarching principle of the AGFAF mission is that each of our students offers a clear commitment to our "return" policy; i.e. post-graduation the student shall return to Afghanistan and utilize the education provided to further gender equality and social justice in Afghanistan. I \_\_\_\_\_son/daughter of \_\_\_\_\_hereby confirm that I understand AGFAF's policy in regards with post-graduation commitment to return and at least two years of service in Afghanistan.

Signature of Male Parent or Guardian

Signature of Female Parent or Guardian

Date