

FEZANA SUBSIDY FOR YOUNG ZARATHUSHTIS TO ATTEND 6WZYC2015

APPLICATION FORM – 2015

A. PERSONAL DATA

1. NAME (Last, First, Middle) _____

2. ADDRESS: _____

3. TELEPHONE # _____

4. EMAIL _____

5. CELL PHONE # _____

6. NAME OF MEMBER ASSOCIATION AFFILIATION

7. DATE OF BIRTH _____

8. PERMANENT RESIDENCY STATUS

9. COUNTRY OF CITIZENSHIP _____

10. NAME & ADDRESS OF EDUCATIONAL INSTITUTION YOU ARE ENROLLED IN (IF APPLICABLE)

For those under 18 years of age. Please complete the following:

11. NAME of the ACCOMPANYING ADULT to the 6WZYC2015

12. RELATIONSHIP

13. NAME OF PARENT OR GUARDIAN _____

14. ADDRESS OF PARENT OR GUARDIAN _____

15. TELEPHONE/EMAIL OF PARENT OR GUARDIAN _____

B. EDUCATIONAL AND AWARDS BACKGROUND

1. List chronologically all colleges, professional schools or other institutions of higher education you have attended, starting from Secondary/High School.

| Name of Institution | Location | Dates of Attendance | Degree/Diploma |
|----------------------------|-----------------|----------------------------|-----------------------|
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2. List chronologically all World, North American, Youth (or any other) Zarathushti Congresses you have attended.

| Name of Congress | Location | Dates of Attendance | Comments |
|-------------------------|-----------------|----------------------------|-----------------|
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3. Honors, Awards, and Scholarships received at or to attend Congresses. Specify year and duration. (Attach additional sheets if necessary)

4. List all scholarships, grants, sponsorships, etc you will be receiving to attend 6WZYC2015

NOTE:

MEMBER ASSOCIATIONS ARE ENCOURAGED TO MATCH OR EXCEED THE FEZANA SUBSIDY OF US \$ 500

| Name & Kind of Award | Granting Agency/Person | Amount | Certain/Uncertain |
|---------------------------------|-------------------------------|---------------|--------------------------|
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5. Please explain your need for this subsidy. Include any special circumstances that you feel should be taken into consideration when reviewing your application. (Attach additional sheets if necessary)

D. EXTRA – CURRICULAR ACTIVITIES

List all extra curricular activities in the past 5 years. Include your participation in student government, clubs, honor societies, educational and/or recreational groups/organizations etc. (attach additional sheets if necessary)

| Name of organization | Dates | Description of Activity |
|-----------------------------|--------------|--------------------------------|
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E. COMMUNITY SERVICE

List all activities that demonstrate your service to the Zarathushti and Non-Zarathushti communities. (Attach additional sheets if necessary)

| Name of organization | Dates | Activity |
|-----------------------------|--------------|-----------------|
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F. ACKNOWLEDGEMENT

I certify that the information provided on this application is complete and correct to the best of my knowledge. I affirm that I am a Zarathushti (Zoroastrian) and that I am between the ages of 15 to 35 years. I confirm that I will use the funds obtained as a result of this application solely for the purpose for which they are granted by FEZANA. If the funds are not needed or utilized for the purpose they were given, then I agree to return the amount received.

I also agree that my name and my participation in 6WZYC2015 may be published in any FEZANA published materials, and to make presentations at North American Zarathushti Events sponsored by FEZANA, when requested to do so, upon mutual convenience.

NAME of APPLICANT: _____

SIGNATURE of APPLICANT: _____

DATE: _____

IF UNDER 18 YEARS OF AGE

NAME of PARENT or GUARDIAN: _____

SIGNATURE of PARENT or GUARDIAN: _____

The application form with proof of registration to the 6WZYC2015 along with all attachments (including essay), must be submitted by May 10, 2015 to:

SHERAZADE MEHTA

FEZANA – SUBSIDY COMMITTEE

TEL: 972-385-4847

EMAIL: sherazadem@yahoo.com

Please copy:

Saghar Javanshir

EMAIL: sjbehroozi@verizon.net