



PCHA

Persian Cultural and Humanitarian Association of New Jersey

Please Check One:

SCHOLARSHIP Application []

FIANCIAL AID Application []

Full Name: _____

Date of Birth: __/__/____ GPA: _____

Address: _____

Phone Number: (____) ____ - ____

High School: _____

Full Name of Parent or Guardian:

Occupation:

Yearly Income:

Father: _____

_\$ _____

Mother: _____

_\$ _____

Will you receive any Scholarship or Financial Aid from any other sources for the coming year? _____

If so, from whom? _____ , and how much? _____

Do you have any Brothers and/or Sisters attending college? _____

If So, Please give detail (how many, where, cost): _____

Have you been Accepted by any college, university, or other higher institution? _____

Please indicate where: _____

Your Major: _____

Expected Graduation date: __/__/____

Total Yearly Cost: _\$ _____

What have you done and what do you plan to do to earn money toward your college expenses? _____

List Extracurricular activities and/or Honors: _____

Email ID: _____

Signature: _____



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NOTE: On a separate sheet of paper, write an ESSAY as to why you should be entitled to this Scholarship/Financial Aid (no more than one page).
