ICGC ISLAMIC SCHOLARS' FUNDS

Scholarship Application Form

I. Personal Information

Name (First, Middle, Last);_____

DOB (mm/dd/yyyy):_____

Permanent Contact Information Email:_____

Street:_____City:_____State:_____Zip Code:_____

Phone:_____ Cell phone:_____

II. Educational Information

Name, City and State of School(s) you plan to attend:

Contact Information for School Phone:_____

Street:_____City:_____State:_____Zip Code:_____

Are you currently enrolled in this school? Yes:___ No:_____

If yes, at what level?:_____

What is your academic focus area?_____

Where to you plan to live?_____

Are you receiving or applying for other financial aid or scholarships? Yes:_____ No:_____

If yes, please

specify:_____Scholarship

request calendar year: From:_____ To:_____

Please send application and all related documents to scholarship@icgc.us