



# Swiss Benevolent Society of San Francisco

## Scholarship Application for the Academic Year: \_\_\_\_\_

Please check the scholarships for which you are applying (please review scholarship guidelines for criteria):

Merit and Need-Based (General, Isler, Iselin, and Munz Scholarships)

Merit only (Amstutz, Canonica, and Munz Scholarships)

### GENERAL INFORMATION - To be filled out by ALL Applicants: Please type or print clearly.

1.1 Applicant's Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Date (Month/Year) and Place of Birth \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status:  Married  Single  Divorced

Financial Status:  Dependent  Independent

Are you a Swiss national?  Yes  No Or a parent?  Yes  No

Please include proof of parent's or your Swiss nationality. (copy of passport, birth certificate or equivalent)

1.2 Registered with the Swiss Consulate?  Parent  Applicant

1.3 Father's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

1.4 If married, Spouse's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

### SCHOLASTIC + PROFESSIONAL INFORMATION - To be filled out by ALL Applicants:

2.1 High Schools Attended (9<sup>th</sup> through 12<sup>th</sup> grades): \_\_\_\_\_ Period of Attendance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of High School Graduation: \_\_\_\_\_

Cumulative GPA last two years of high school: \_\_\_\_\_ Scores: SAT \_\_\_\_\_ or ACT \_\_\_\_\_

2.2 College(s) attended or planning to attend

Name of College: \_\_\_\_\_ Period of Attendance: \_\_\_\_\_ GPA: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If graduated, please give date: \_\_\_\_\_ Major: \_\_\_\_\_

Applicant's Name \_\_\_\_\_

2.3 School Activities and Community Involvement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **EMPLOYMENT RECORD:**

3.1 Employer (include work during summer): Time Frame: P/T or F/T: Approx. Earnings:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.2 Work in Family Business:

\_\_\_\_\_

3.3 Future Plans for Work While in School: Wage:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. **INSTITUTIONS OF HIGHER LEARNING (Planning to attend upcoming academic year)**

Schools (Name and Address) Semester or Quarter: Have applied: Been accepted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **STUDENT STATEMENT:** Please use a separate sheet of paper to explain why you believe you qualify for consideration (one page maximum).

Applicant's Name \_\_\_\_\_

**Only applicants for the Merit and Need-Based Scholarships should complete the following section.**

**6. FINANCIAL INFORMATION –**

6.1 Applicant's Estimated Expenses (at school of first choice, per academic year):

During school year, do you intend to live at:

___ Home	Tuition and Fees:	\$ _____
___ On Campus	Room and Board:	\$ _____
___ Off Campus	Books and Supplies:	\$ _____
___ With relatives	Transportation:	\$ _____
	Personal Expenses:	\$ _____
	TOTAL per year:	\$ _____

6.2 Did you apply for a CAL Grant?     yes     no     if no, why not?

\_\_\_\_\_

CAL Grant awarded:     A or  B    Amount:    \$ \_\_\_\_\_

6.3 Parents:

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer : \_\_\_\_\_

Period of Employment: \_\_\_\_\_ Period of Employment: \_\_\_\_\_

If parents are divorced or separated: Applicant lives with     mother     father     other

6.4 Supporting Party's Financial Information:

Total Gross Income (BOTH Parents, Guardian, Husband, Wife, other):    \$ \_\_\_\_\_

Less deductions for Tax Purposes (Interest, Taxes, Contributions, etc.):    \$ \_\_\_\_\_

Taxable Income:    \$ \_\_\_\_\_

**Please include a copy of your and your supporting party's current 1040 income tax form.**

Assets:	Liabilities:
Real Estate:    \$ _____	Real estate mortgage: \$ _____
Securities:    \$ _____	Loans:    \$ _____
Cash:    \$ _____	Other Obligations:    \$ _____
Other:    \$ _____	
Total:    \$ _____	Total:    \$ _____

Expected Changes to above in the Current Year:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Required Principal Annual Payments on Obligations:    \$ \_\_\_\_\_

Applicant's Name \_\_\_\_\_

**SIGNATURES - ALL APPLICANTS**

The above information is a Statement of Fact.

**\* Please understand you are responsible for providing correct and complete information in this application.**

Applicant's signature: \_\_\_\_\_

Date and place: \_\_\_\_\_

Supporting party's signature: \_\_\_\_\_ If married, Spouse's signature: \_\_\_\_\_

Date and place: \_\_\_\_\_

**Are all requested documents enclosed? Please check our application guidelines! Thank you!**

**Must be postmarked no later than April 30!**  
Incomplete or late applications cannot be considered.

Please mail all four pages with the requested documents to: Swiss Benevolent Society of San Francisco  
Scholarship Committee  
Pier 17, Suite 600  
San Francisco, CA 94111