

# 2019-20 GERMANY YOUTH AMBASSADOR SCHOLARSHIP REQUEST



City/Country of Destination: Greifswald, Germany

Date Received \_\_\_\_\_

\_\_\_\_\_  
Last Name                      First Name                      Middle Name

Name of School \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_  
Street                                      City                                      State                                      Zip

Home Phone # \_\_\_\_\_ Parent/Guardian Work/Cell # \_\_\_\_\_

Is student applicant currently employed? Yes/No      Employer \_\_\_\_\_

Hours per week \_\_\_\_\_

## PARENT INFORMATION:

Number & Ages of dependents living at home \_\_\_\_\_

# of family members in college \_\_\_\_\_

Father's name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Parent status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Annual Family Income

- less than \$40,000                       \$80,000 - \$100,000
- \$40,000 - \$60,000                       \$100,000 - \$150,000
- \$60,000 - \$80,000                       \$ > \$150,000

Brief description of unusual family expenses (if applicable): \_\_\_\_\_  
\_\_\_\_\_

Brief specific statement on reason(s) for scholarship amount: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of partial scholarship request \$ \_\_\_\_\_

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Parent/Guardian Signature**

**All information will remain confidential**