

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 \$ _____

Signature Parent/Guardian Signature Applicant

All information will remain confidential