

## **Emergency Scholarship Application**

Assyrians Without Borders - a Swedish non-profit organisation devoted to improving the lives of the Assyrian people (also known as Syriacs and Chaldeans) in their countries of origin (Turkey, Iraq, Iran, Syria and Lebanon) - regards the financial assistance of Assyrian students as a necessary form of support. Due to the economic effects of the COVID-19/Corona pandemic, Assyrians Without Borders is issuing an Emergency Scholarship for university students for Spring 2020, in the amount of €750 per awardee. The deadline to submit your application is April 4<sup>th,</sup> 2020. Please read the instructions carefully and submit a complete application.

The criteria to apply for the Emergency Scholarship are that the applicant:

- A) Is Assyrian
- B) Lives in Turkey, Iraq, Iran, Syria or Lebanon
- C) Is admitted to university studies
- D) Has been negatively affected by the COVID-19/Corona pandemic

## **Application Checklist:**

All of the below documents must be sent in ONE email to <a href="mailto:scholarship@awbswe.com">scholarship@awbswe.com</a> no later than April 4<sup>th</sup>, 2020. Write "Assyrians Without Borders - Emergency Scholarship Application", followed by your first name and family name, in the Subject line of your email. Please clearly label each attachment.

- A) Completed Emergency Scholarship Application Form (this document)
- B) Digital scan of the **proof of admission** from your university
- C) Digital scan of your passport or ID card
- D) Digital scan of your **bank account information** with correct account holder name and account number. If account holder is not you personally, it must be an immediate family member who lives in the same household.
- E) (OPTIONAL) Any other document supporting need of scholarship due to the pandemic (e.g. employment termination letter)

You will receive a confirmation email when Assyrians Without Borders has received your submission. Only complete applications will be considered. Assyrians Without Borders will evaluate the application in a timely manner in keeping with the urgency of the situation. Applicants will be notified via email once a decision is made.

Note that the scholarship shall be used for tuition or any material related to your studies, but cannot be used for transportation costs. At the end of the term, you will receive a Financial Report where you must state how you used the scholarship funds and include a digital scan of your final grades for the Spring 2020 term.

Fill in all boxes on the upcoming pages with all required information. The Application form and Proof of Admission must be written in English. All currency values must be in Euros.





| Personal Data  |
|--|
| Your full name   |
|  |
| Male Female  |
|  |
| Date of birth  |
|  |
| Country of birth   |
|  |
| Address (including street address, postcode, city and country) |
|  |
| Phone number (Home/Mobile)                                     |
|  |
| E-mail   |
| L-Mart   |
|  |



| Information About Your Studies                |
|---|
| Name of the university                        |
|   |
| Town the university is located in             |
| Street address of the university              |
| Telephone number of the university            |
|   |
| Specify the subject you study                 |
| Specify how many years you have studied       |
|   |
| Specify how many years you have left to study |
|   |
| You will be a:                                |
| First time student                            |
| Returning student                             |
| Full-time (8 hours)                           |
| Part-time (4 hours)                           |
| Fewer than 4 hours                            |
| Distance student                              |



## Financial Background & Motivation for Emergency Scholarship

| Please explain your financial background and how you have been negatively affected by the COVID-19/Corona pandemic. |
|---|
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|   |
|   |
|   |
| Account Information   |
| Account number  |
|   |
| IBAN number   |
|   |
| SWIFT code  |
|   |
| Name of bank  |
|   |
| Address of bank   |
|   |
|   |
| City/district of bank   |





| Country of bank  |
|--|
|  |
|  |
| Note that Assyrians Without Borders reserves the right to deduct expenses incurred due to incorrect account information from the granted scholarship funds.            |
| In order for this application to be considered complete and reviewed by the Scholarship Committee you must tick all boxes below.                                       |
| I understand that I will have to provide Assyrians Without Borders with follow-up information if I am granted a scholarship.   |
| I agree  |
| I understand that I have to use the funds for the intended purpose if granted a scholarship.   |
| I agree  |
| I hereby assert that the information provided by me in this application is accurate and I understand that Assyrians Without Borders will investigate this information. |
| I agree  |
| I agree if money bounces from the account that I, the scholarship recipient, will pay for the expenditures   |
| I agree  |
| Today's date (YYYY-MM-DD)  |