

Form to be filled out by donors' scholarship recipients

STUDENT'S NAME _____

Requested information from a student:

Type of scholarship (OSI, US Embassy, US CAEF, Aga Khan etc.) _____

Cell phone number _____

Home phone number _____

E-mail address (not AUCA's one) _____

ID # _____

Program _____

Year of study _____

Extracurricular activities:

Please list below extracurricular activities that you are involved in:

1. _____
2. _____
3. _____
4. _____
5. _____

Signed _____

Date _____