



Swiss Benevolent Society of San Francisco

Scholarship Application for the Academic Year: _____

Please check all scholarships you are applying for: General Scholarship and/or Silvia Wieland Iselin Scholarship
 Clement & Frieda Amstutz Scholarship
 Silvio Canonica Scholarship

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

1.1 Applicant's Full Name: _____
Home Address: _____
Phone #: _____ Social Security #: _____ Email: _____
Date and Place of Birth: _____
Marital Status: Married Single Divorced (maiden name): _____
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 etc.)
Registered with the Swiss Consulate? Parent Applicant

1.2 Father's Name: _____ Phone Number: _____
Father's Address: _____
Mother's Name: _____ Phone Number: _____
Mother's Address: _____

1.4 If married, Husband's Name: _____ Occupation: _____

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

2.1 High Schools Attended (9th through 12th 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 (Students graduating High School, please go to 2.3)
Name of College attending: _____ Period of Attendance: _____ GPA: _____

If graduated, please give date: _____ Major: _____

Applicant's Name _____

7. REFERENCES (Sponsors)

Name:	Address:	Phone:
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. FINANCIAL INFORMATION – to be filled out by

SBS General Scholarship + Silvia Wieland Iselin Scholarship and Willy Isler Scholarships Applicants only:

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

During school year, do you intend to live at:	Registration Fee:	\$ _____
<input type="checkbox"/> Home	Tuition and Fees:	\$ _____
<input type="checkbox"/> On Campus	Room and Board:	\$ _____
<input type="checkbox"/> Off Campus	Books and Supplies:	\$ _____
<input type="checkbox"/> With relatives	Transportation:	\$ _____
	Personal Expenses:	\$ _____
	TOTAL per year:	\$ _____

8.2 Applicant's Sources of Financing:

Scholarships/Grants/Financial Aid	Received last year	Reapplying this Year	Expected Amount:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Did you apply for a CAL Grant? yes no why not? _____

CAL Grant awarded :	<input type="checkbox"/> A or <input type="checkbox"/> B	Amount: \$ _____
Work Income (during vacation, holidays and weekends):		\$ _____
Supporting Party's Contribution (Parents or husband):		\$ _____
Savings and/or Other Financial Support:		\$ _____
Contributions from non custodial parent(s):		\$ _____

8.3 Parents:

Father's Name: _____	Mother's Name: _____
Address: _____	Address: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Period of Employment: _____	Period of Employment: _____
Contact Person: _____	Contact Person: _____

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

Names and ages of dependents (other than applicant), dependent on supporting party, and list if in post secondary school.

Applicant's Name _____

8.4 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 Annual Payments on Obligations: \$ _____

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 4 pages with the requested documents to: Swiss Benevolent Society of San Francisco
Scholarship Committee
456 Montgomery Street, #1500
San Francisco, CA 94104-1233