

# THE FALI CHOITHIA CHARITABLE TRUST

## Application for Scholarship, 2026

### PERSONAL DATA

NAME (Last, First, Middle) \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_ TELEPHONE \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

NAME OF PARENT OR GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

MARITAL STATUS  MARRIED  SINGLE

NAME OF INSTITUTION YOU ARE ENROLLED IN \_\_\_\_\_  FULL TIME  PART TIME

DEGREE SOUGHT/MAJOR \_\_\_\_\_ ANTICIPATED DATE OF GRADUATION \_\_\_\_\_

PERSONAL DATA: DATE OF BIRTH \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_ COUNTRY OF CITIZENSHIP \_\_\_\_\_

### EDUCATIONAL AND EMPLOYMENT BACKGROUND

LIST CHRONOLOGICALLY ALL COLLEGES, PROFESSIONAL SCHOOLS, OTHER INSTITUTIONS OF HIGHER EDUCATION, AND SECONDARY SCHOOLS ATTENDED

Name of Institution	Location	Date of Entry	Date of Departure	Degree

PLEASE LIST ALL EMPLOYERS FOR THE PAST FIVE YEARS

Name of Employer	Location	Telephone	From	To

### FINANCIAL INFORMATION

ARE YOU INTERESTED IN RECEIVING  OUTRIGHT GIFT SCHOLARSHIP ONLY  OUTRIGHT GIFT AND/OR LOAN

ARE YOU LIVING  WITH PARENTS  WITH RELATIVES  IN UNIV. HOUSING  OTHER MONTHLY RENT \_\_\_\_\_

IF YOU ARE A RESIDENT OF US OR CANADA YOU **MUST INCLUDE** YOUR TAX RETURNS FOR THE PREVIOUS 2 YEARS. IF YOU DO NOT FILE TAXES, YOU **MUST INCLUDE** YOUR PARENTS' TAX RETURNS FOR THE PREVIOUS 2 YEARS. APPLICATIONS WITHOUT THE REQUISITE TAX RETURNS WILL NOT BE CONSIDERED.

**MAIL TO: 10300 Farnham Drive / Bethesda, MD 20814 / (202) 393-3500**  
**SORRY WE CANNOT ACCEPT ELECTRONIC APPLICATIONS.**

PLEASE LIST ALL SCHOLARSHIPS, GRANTS, FELLOWSHIPS, FEE REMISSIONS, ASSISTANTSHIPS, AND ANY OTHER FORMS OF HELP YOU WILL BE RECEIVING THIS YEAR:

Name and Kind of Award	Granting Agency	Amount	Definite	Indefinite
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE LIST OTHER FINANCIAL RESOURCES. INCLUDE FAMILY SUPPORT AS WELL AS INCOME FROM JOBS:

Name and Kind of Support	Amount	Definite	Indefinite
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE LIST ALL LOANS YOU (AND SPOUSE IF MARRIED) ARE/WILL BE LIABLE FOR:

Creditor	Date Incurred	Original Amount	Monthly Payment	Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PLEASE LIST OTHER EXPENSES YOU (AND SPOUSE IF MARRIED) ARE LIABLE FOR (TUITION, BOOKS, HOUSING EXPENSES):

Expense	Monthly Payment	Expense	Monthly Payment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE LIST THREE REFERENCES (OTHER THAN FAMILY MEMBERS)

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE LIST THE NUMBER AND AGES OF YOUR CHILDREN/OTHER DEPENDENTS WHO WILL BE LIVING WITH YOU: \_\_\_\_\_

IF SPOUSE IS EMPLOYED, WHAT IS HIS/HER MONTHLY INCOME? \_\_\_\_\_

PLEASE INDICATE ANY SPECIAL CIRCUMSTANCES THAT YOU FEEL SHOULD BE TAKEN INTO CONSIDERATION WHEN REVIEWING YOUR APPLICATION. ATTACH ADDITIONAL SHEET.

I certify that the information provided on this application is complete to the best of my knowledge. I affirm that I will use any funds obtained as a result of this application solely for expenses related to attendance at the institution named above.

\_\_\_\_\_  
Signature Date

Please mail this application form, as well as your personal statement by October 1, 2026 to The Fali Chothia Charitable Trust, 10300 Farnham Drive, Bethesda, MD 20814

**SORRY WE CANNOT ACCEPT ELECTRONIC APPLICATIONS**

# THE FALI CHOTHIA CHARITABLE TRUST

## Personal Statement, 2026

NAME \_\_\_\_\_

Please use this sheet to provide information about yourself that is not requested in the application form. Please include information about your educational goals, your academic and non-academic achievements and activities, special interests, community involvement, and anything else you would like us to know about you.

Please forward this statement as well as the application form by October 1, 2026 to:

The Fali Chothia Charitable Trust, 10300 Farnham Drive, Bethesda, MD 20814

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## SUMMARY OF SELECTION CRITERIA FOR THE FALI CHOTHIA CHARITABLE TRUST

- ❖ Applicants must be needy Zoroastrian students pursuing a higher education. Students should be presently residing or studying in North America.
- ❖ Applicants should be full-time students, enrolled in a four-year or graduate level program. Preference will be given to graduate level students.
- ❖ Priorities for award will be: financial need; academic records of previous superior educational achievements; extracurricular activities and awards; and involvement in community service and affairs.
- ❖ The committee may request any information, which in its opinion is necessary for the selection of candidates. Committee decisions for awarding scholarships will be final.