**2025-26 Scholarship Application Form**

**Postmark Deadline: Monday, June 2, 2025**

***Handwritten applications will not be accepted***

***Any changes to the questions will disqualify the applicant***

**APPLICANT INFORMATION**

 **Full-time Undergraduate Student in 2****025-26 Full-time Graduate Student in 2025-26**

Sophomore Junior Senior 1st Year 2nd Year

 1. Name:

 2. Last four digits of Social Security Number: XXX-XX-

 3. Date of Birth:

 4. Mailing Address:

 5. Full Address of Permanent Residency:

 6. Phone:       7. Email:

 8. Residency Status:  US Citizen  Legal Permanent Resident of the U.S.

 9. Country of Citizenship:       10. Country of Birth:

11. Gender Identity:

**SCHOOL INFORMATION**

**Current Year (2024-25) and Past Education. If not available, please explain why and provide documentation to support.**

12. School Currently Attending (2024-25):

13. Student ID #:

14. Major:

15. Overall GPA:       16. Total Units Completed:

17. Anticipated Graduation Date:       18. Units Remaining for Graduation:

19. List Universities/Colleges attended in the past, along with the dates of attendance and degrees received at each:

**Scholarship Application Year (2025-26)**

20. School Attending in 2025-26:

 20. (a) Will you be a full-time student for the entire 2025-26 academic year?

21. 2025-26 School Scholarship Office Contact (name, address, email, phone):
22. Student ID #:

23. Major:

**FAMILY INFORMATION**

24. Are you the first in your immediate family to attend college?  Yes  No

25. What was the highest level of education completed by your Mother/Parent/Guardian?

 No formal school  High school graduate  Two-year college

 Four-year college  Graduate/professional degree  Unknown

 25. (a) In what country was the highest level of education completed?

26. What was the highest level of education completed by your Father/Parent/Guardian?

 No formal school High school graduate Two-year college

 Four-year college Graduate/professional degree Unknown

 26. (a) In what country was the highest level of education completed?

27. Please describe how your Iranian heritage or ancestry qualifies you for this scholarship:

**FINANCIAL INFORMATION**

The information requested in this section should be consistent with your 2025-26 Free Application for Federal Student Aid (FAFSA).

28. Are you financially independent from your parent(s)/guardian?  Yes  No

If you answered “yes” to at least one of the questions below, you may be considered financially independent.

 If you answered “no” to all of the questions, you may be considered financially dependent.

Refer to the FAFSA Dependency Worksheet for additional assistance in determining dependency status.

* Are you at least 24 years of age?
* Are you married?
* Do you have any legal dependents other than a spouse?
* Are you working on a master's or doctorate program?
* Are you a veteran of the U.S. Armed Forces?

29. Adjusted gross income you or your parent(s)/guardian(s) earned in 2024: $

* Dependent Students: Provide both your parents’ income as well as your own. If your parents are divorced or separated you must provide the information from the parent that you stayed with the most in the last 12 months. If you did not live with either parent, or lived with each parent an equal amount, provide information from the parent who provided greater financial support.
* Independent Students: Enter your income, your spouse’s income (if married), and income of any dependents you have. Do not enter your parents’ income.
* Are you able to substantiate the above statement? Yes No
* Does your statement above match your current, correct and fully completed FAFSA report? Yes No

If not, please explain why.

30. Total number in the household (only include your parent(s)/guardian(s) and dependent children):

* Dependent Students: Count yourself, your parents, and any other dependents your parents have.
* Independent Students: County yourself, your spouse (if married), and any other dependents you have.

31. Are you applying for any other scholarships for the 2025-26 academic year?  Yes  No

 Are you a past or current loan or grant recipient?  Yes  No

**Please list ALL loans and grants, their amounts, and years received (please increase lines as needed to reflect all loans and grants):**

Loan/Grant:       Amount: $      Year:

Loan/Grant:       Amount: $      Year:

Loan/Grant:       Amount: $      Year:

Loan/Grant:       Amount: $      Year:

**VOLUNTEER COMMUNITY SERVICE AND LEADERSHIP EXPERIENCE**

32. List activities in which you participated during the last THREE years: e.g., ongoing **volunteer work** for community agencies/organizations, cultural activities, student government, publications, varsity or club sports. Only include activity that you participated in on an ongoing basis (not a one-time volunteer effort at an entity). Indicate the organization name, position held, description of activity, and dates and number of hours volunteered at each organization. Please do not use acronyms. Please add more lines/activities as needed. Please note community service and paid work experience are separate activities and this section is regarding volunteer community service.

Name of Organization:       Position/Role:

Description of Activity:       Dates of Activity and Number of Hours:

Name of Organization:       Position/Role:

Description of Activity:       Dates of Activity and Number of Hours:

Name of Organization:       Position/Role:

Description of Activity:       Dates of Activity and Number of Hours:

Name of Organization:       Position/Role:

Description of Activity:       Dates of Activity and Number of Hours:

**WORK EXPERIENCE**

33. List your work experience during the last THREE years. Indicate the position held, how long you worked for the employer in that capacity, and the number of hours worked each year. Please do not use acronyms. Please note community service and paid work experience are separate activities.

Employer:       Position:

Dates of Employment:       Average Hours/Week:

Employer:       Position:

Dates of Employment:       Average Hours/Week:

Employer:       Position:

Dates of Employment:       Average Hours/Week:

Employer:       Position:

Dates of Employment:       Average Hours/Week:

**ESSAYS**

**Please submit each essay, preceded by the appropriate numbered question, on a separate sheet of paper with your name and student ID # on each page. The word limitation will be enforced. There is no right or wrong answer. Please note your certification below that you are not using Artificial Intelligence.**

34. In 400 words or less, please describe a time in your life, positive or negative, that has shaped who you are as a person.

35. In 350 words or less, please describe why IASF should grant you a scholarship? Tell us about your aspirations and how you intend to benefit others in the future.

# **STANDARD RECOMMENDATION FORMS AND LETTERS OF RECOMMENDATION**

36. Two sets of a completed IASF Standard Recommendation Form (download) and a Letter of Recommendation (on departmental/organizational letterhead) must be included in your Application Packet at time of submission. **Please Note:** At least one set of the two recommendations must be from an academic instructor relevant to your major and familiar with your academic work on departmental letterhead, basing their recommendation on your current year or prior year academic work. If you choose to include a work or community service recommendation (rather than a second academic instructor) to fulfill the second recommendation requirement, the recommender must be a direct supervisor basing their recommendation on your current year or prior year work/community service activities. Each of the two recommenders must place both the completed Standard Recommendation Form and Letter of Recommendation in a sealed envelope, signed on the seal. Letters sent separately from the Application Packet will not be considered, thus disqualifying the application. Any Recommendation Form and Letter of Recommendation NOT within a sealed and signed envelope, will not be reviewed and will not fulfill the Recommendation requirement. Any Standard Recommendation Forms or Letters of Recommendation sent separately from the Application Packet submission will disqualify your application.

**APPLICANT PHOTO *(optional)***

37. Though optional, the IASF would appreciate a small photo of yourself attached to your application. Photos of scholarship recipients may be used on the IASF website.

**PLEASE READ AND SIGN THE CERTIFICATION SECTION OF THIS APPLICATION ON THE NEXT PAGE**

**CERTIFICATION**

I certify that to the best of my knowledge, the information on this application is complete and accurate and I certify that I have not used Artificial Intelligence in the preparation of the essays. By submitting this Application Packet, I am giving my approval for the IASF to verify all information I have provided and, if requested, I will assist and fully cooperate with them in the verification process. Falsification of any information will cause my disqualification from the IASF scholarship application process and/or revocation of any scholarship that may have been granted.

I give permission to members of the IASF Board of Directors and the Application and Review Committee to review my Application Packet. I understand that the IASF is committed to protecting the security of the personal information provided as part of my Application Packet. To prevent unauthorized access, maintain data accuracy, and ensure the correct use of information, the IASF strives to maintain physical, electronic, and administrative safeguards. However, the IASF makes no warranty, guarantee, or representation that my information will be protected from viruses, security threats, or other vulnerabilities, nor that the information will always be secure. I acknowledge that I will review this provision with all individuals providing personal information, so that they agree to provide the information at their own risk. In the event that personal information is compromised as a result of a breach of security, I will be promptly notified.

I understand it is my responsibility to ensure that my application and all supporting documents of the Application Packet are complete, submitted as one Application Packet, and postmarked by the deadline listed on the Application. Furthermore, I understand that failure to do so shall be cause for my disqualification from consideration for a scholarship. I recognize that if I make any changes to the Application Form questions, I will be disqualified. I also acknowledge that if I submit the same essays and/or recommendations as I have submitted as part of a prior year’s application packet, I will be disqualified. I understand that scholarship applicants are limited to receiving two years of undergraduate scholarship and/or one year of graduate scholarship from the IASF.

I understand and agree that the scholarship decision will be made at the sole discretion of the IASF, and such decision shall be deemed final and shall not be subject to further review, reconsideration, challenge or appeal. I also understand that notification to applicants will be to awardees only, the results of each annual competition to be posted on the website.

I also acknowledge that if awarded an IASF scholarship, the funds will be transferred to the institution of my attendance to apply to school expenses. Funds will not be directly transferred to me.

Additionally, I understand that because the IASF is community-supported, once my education is complete and when economically feasible, I will continue the tradition of financially supporting the fund to assist future deserving candidates.

Applicant’s Name (Type)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature\*

Date

\*Electronic signature will not be accepted.