



Islamic Center of Greater Toledo
REGISTRATION FORM
35th Annual Youth Recognition Dinner
Thursday, May 25, 2017 - 6:00 p.m.



Graduate's Information

Graduate's Name: _____ Cell: (____) _____ - _____
 Address: _____
Street City State Zip code
 Home Phone #: (____) _____ - _____ Email: _____

Name of **high school or college** you are graduating from: _____

Photograph enclosed: Yes No What men's size sweatshirt do you wear (XS – XXXL)? _____

Parents' Information

Father's Name: _____ Cell #: (____) _____ - _____
 Mother's Name: _____ Cell #: (____) _____ - _____

Academic Achievements/Special Interests

Future Plans

Please mail this completed form to: Islamic Center of Greater Toledo Attn: Religion & Education Committee 25877 Scheider Rd. Perrysburg, OH 43551 Or fax to: 419-874-9123	Tickets are \$15.00/Person Number of tickets..... _____ Tables (8 seats) can be reserved Amount enclosed..... \$ _____ <i>Reserve _____ table(s) for me, please.</i>
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If you have any questions, call, text or e-mail:
 Cherrefe Kadri (cell).....419-283-5315 email: cakadri@sbcglobal.net
 Aneesa Shaheen, ICGT Secretary 419-874-3509 email: a.shaheen@icgt.org

All information must be submitted by **May 4, 2017**. Otherwise, we will not be able to recognize the graduate in our program or in the book.

***** Thank you for your support of the Youth Recognition Dinner *****

SCHOLARSHIP APPLICATION FORM

Name: _____ Phone number: _____

Address: _____

1. Have you or your parents been paid members of the Islamic Center of Greater Toledo for 3 of the last 5 years (2013-2017)?
___ Yes ___ No
2. Anticipated date of graduation: _____
3. What college or university do you plan to attend? _____
Have you been accepted? ___ Yes ___ Not yet
4. Have you declared a major? ___ Yes ___ No
5. Are you a current college student? ___ Yes ___ No
How many hours have you completed? _____
6. Are you receiving any financial assistance for college?
___ Yes Amount: \$ _____ Source: _____
___ No

Please submit the following with your signed application:

- Your most recent transcript
- EFC page of FAFSA application
- Two signed letters of recommendation; at least one letter must be from a faculty member
- A signed and dated essay that incorporates the following:
 - Career goals and plans for your future
 - Past and present work experience
 - Honors and awards
 - Campus and community involvement
 - Financial stance: include how you have paid for your college education thus far, how much loan debt you have incurred up to this point, and how you plan to pay for the 2017-2018 academic year if you don't receive the scholarship.
 - Special circumstances: please describe any special circumstances and/or financial concerns that may not be clearly presented in the content of the FAFSA.

By signing this form, applicant attests that all information provided is true and accurate to the best of applicant's knowledge and belief.

Date

Signature

After completion, please mail application and supporting documentation to:

Foundation Scholarship Committee
PO Box 350
Perrysburg, OH 43551

POSTMARK DEADLINE:
MAY 5, 2017

All applications and supporting evidence will be confidentially reviewed by the Foundation's Scholarship Committee.

For internal use only

___ FAFSA EFC

___ Letters of recommendation

___ ICGT membership verified

___ Transcript

___ Essay

___ Postmarked on time

Scholarship awarded: _____

Amount: \$_____

Reviewed by and date reviewed: _____

Date: _____

Date: _____

Date: _____