

SCHOLARSHIP APPLICATION FORM FOR THE SCHOOL YEAR 2018 / 2019

DEADLINE FOR SUBMISSION OF APPLICATION: FEBRUARY 28 2018

This application form, with all documents and materials attached, should be sent in a sealed envelope addressed to:

Scholarship Fund Committee
Rome International School
Via Guglielmo P. Giraldi, 137
00135 Rome, Italy

PART I – FAMILY INFORMATION (Please Print or Type)

1. Family situation

First name	Family name	Relation to children	Employer	Nationality	Passport no.
Parent 1:					
Parent 2:					

Type of Family New Family at RIS _____ Family returning to RIS _____

2. Where can we contact you, if more information is needed?

Parent 1: E-mail address _____
 Home number _____
 Mobile _____

Parent 2: E-mail address _____
 Home number _____
 Mobile _____

3. Scholarship required:

For Middle and High School students there is the possibility of a 50% award in cases where the full award has not been granted. Please indicate if you ONLY wish to be considered for the full award.

Tuition coverage FULL AWARD ONLY ____ FULL **or** 50% AWARD ____

4. Child for whom you are requesting a Scholarship

	First name and family name	Date of Birth	Grade applied for	Nationality
Child	_____	_____	_____	_____

Scholarship granted in school year 2017/2018 Yes _____ No _____

5. All other dependent children except the student for whom you are requesting a Scholarship

Name	Age	School/College name	Fin. Aid (1)	Cost (2)
_____	_____	_____	_____	_____
Name	Age	School/College name	Fin. Aid (1)	Cost (2)
_____	_____	_____	_____	_____
Name	Age	School/College name	Fin. Aid (1)	Cost (2)
_____	_____	_____	_____	_____

(1) Does your child receive financial aid? Please answer Yes or No. If Yes please indicate the percentage and attach to this form a statement from the school/college detailing the amount of the fees and the financial aid granted
 (2) Total cost of this schooling paid by you or by your employer during the school year. Please fill in "NONE" if there are no costs.



6. Intended period of stay in Rome

How long will you be staying in Rome ? _____ academic year(s) (1)

Comment (if needed)

Will you be applying for the scholarship in subsequent years? _____ (2)

- (1) Please fill in the number of academic years that you estimate to stay in Rome
- (2) Please answer Yes or No

PART II – REASON FOR APPLICATION AND FORECAST

Please explain why you feel your child would benefit from attending an English speaking international school. Please also suggest what you feel your child could contribute to our school. The following questions might help you: Has your child been in an international school before? How long is your family going to stay in Italy? Does your child have special learning needs? In which languages is your child fluent? What qualities would your child bring to an international community? What special academic strengths does your child have?

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If there are any other factors which should be considered in your case, please write the information on a separate sheet of paper and attach it to this form.

PART III - ASSETS AND LIABILITIES

This statement must include all assets and income for all members of the household and dependents. Please convert all currencies to Euro at the current rate of exchange.

ASSETS EUR

1. Cash on hand in bank (savings and current)
2. Stocks, bonds, and other securities
3. Home if owned (current value estimate)
4. Other assets such as real estate, business, farm, etc.

Please give details of these other assets and indicate current value

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TOTAL

LIABILITIES (1) EUR

1. Home mortgage (total)
2. Other loans or liabilities (total). Please give details of these other loans & liabilities

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(1) Please indicate if Monthly/Quarterly/Yearly

PART IV - ANNUAL INCOME Yearly Net income in EUR

1. Net salary – Parent 1
2. Net salary – Parent 2
3. Income from securities/bonds
4. Income from rental property
5. Other income (please describe)

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TOTAL

PART V - BENEFITS IN KIND

1. Educational allowance paid by employer or any other financial source for the scholastic year applied to: Yes ___ No ____.
 If Yes, how much? EUR
2. Housing provided by employer: Yes ___ No ____
3. Company Car: Yes ___ No _

4. Other Benefits in kind (please indicate nature and amount)

..... EUR
..... EUR

PART VI - OTHER INFORMATION

Please enclose copies of the following documents:

1. for each income earner
 - (a) Salary slips for the past 6 months
 - (b) Most recent annual statement of income tax paid
 - (c) If self-employed, your most recent annual accounts
 - (d) Copy of passport

2. A statement from your employer detailing the amount of the tuition fees that they pay. If they pay nothing, a statement to this effect is required.
 - (a) school reports for the past 2 years
 - (b) a letter of recommendation from current Head or Principal of School **(if not already at Rome International School)**
 - (c) vaccine record
 - (d) an official document (issued by a public authority) specifying the number of family members

If these documents are not enclosed, the Scholarship Committee will not be able to consider your application.

We declare that all the information supplied is true and correct and includes all incomes and benefits in kind. We are aware of being obliged to notify the Scholarship Fund Committee of any changes in family income.

Signed

Parent 1

Parent 2

Date