

*Application for  
Association of Young Nishtarian Alumni Scholarship*

**Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Tel:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Name of Medical College:** \_\_\_\_\_

**Current class:** \_\_\_\_\_ **or Graduation year:** \_\_\_\_\_

**First Professional Exam Result/score:** \_\_\_\_\_

**Second Professional Exam Result/score:** \_\_\_\_\_

**Third Professional Exam Result/score:** \_\_\_\_\_

**Fourth Professional Exam Result/score:** \_\_\_\_\_

**USMLE Step 1 score: (if applicable)** \_\_\_\_\_

**Father's occupation:** \_\_\_\_\_

**Mother's occupation:** \_\_\_\_\_

**Number of siblings:** \_\_\_\_\_

**Approximate annual household income:** \_\_\_\_\_

**Do you receive any other scholarship at present?** \_\_\_\_\_

\_\_\_\_\_

**Special circumstances:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are you willing to volunteer for a project at AYNA?    Yes    No**

**Pledge: I hereby pledge that in my lifetime, I will try to assist financially a deserving NMC student.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_