

## CYRUS R. FATAKIA MEMORIAL SCHOLARSHIP



### ***OBJECTIVES***

The Cyrus R. Fatakia Memorial Scholarship was initiated in 2008 to provide students with financial assistance, to study at Colleges & Universities in the United States. Cyrus had a Bachelor's Degree in Aerospace Engineering and a Master's Degree in Mechanical Engineering. He was also actively involved in the ZAC community. Cyrus passed away in October of 2006 at a very young age, but his commitment to supporting the Zoroastrian community shall continue. This fund will help Zoroastrian youth to fulfill their aspirations, to achieve their goals, and to dream "BIG".

### ***ELIGIBILITY CRITERIA***

- (1) Applicants must be of the Zoroastrian faith.
- (2) Applicants must be currently enrolled or have applied as a full-time student at an accredited University or Junior College within the United States of America.
- (3) This Scholarship is available for **Undergraduate** studies **ONLY**.
- (4) Applicants must be citizens or legal permanent residents of the United States of America.

### ***AWARD CRITERIA***

Applications will be evaluated by the Cyrus R. Fatakia Memorial Scholarship Committee, and shall be judged primarily upon financial need and academic accomplishments. Consideration will also be given to the applicant's response to essay questions, letters of reference, extra-curricular activities, community service and general impressions from the application form.

**All decisions made by the Cyrus R. Fatakia Memorial Scholarship Committee will be final and binding.**

***APPLICATION PROCEDURE***

Application forms will be available on the ZAC website. <http://www.zacla.org> or by contacting Mrs. Erna Fatakia at the following email address: [efatakia@gmail.com](mailto:efatakia@gmail.com) Applications may be submitted electronically but they must be followed by mailing in the required references, proof of expenses etc. It is the responsibility of each applicant to ensure their application is complete.

**Submit TWO (2) copies of this application form with ALL attachments to:**

Mrs. Erna Fatakia  
Cyrus R. Fatakia Scholarship Committee  
5815 Intervale Drive  
Riverside, CA 92506

**APPLICATIONS MUST BE POSTMARKED NO LATER THAN JULY 1st OF THE CURRENT SCHOLARSHIP YEAR. TRANSCRIPTS AND REFERRALS SHOULD BE INCLUDED WITH THE APPLICATION FORM WHEREVER POSSIBLE. IF TRANSCRIPTS AND REFERRALS ARE DELAYED FOR ANY REASON, IT MUST BE NOTED AS SUCH WHEN SUBMITTING THE APPLICATION.**

**CYRUS R. FATAKIA MEMORIAL SCHOLARSHIP**  
**APPLICATION FORM**

**A. PERSONAL PROFILE**

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

2. MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

3. CURRENT TELEPHONE \_\_\_\_\_ 4. EMAIL \_\_\_\_\_

5. PERMANENT ADDRESS \_\_\_\_\_  
\_\_\_\_\_

6. PERMANENT TELEPHONE \_\_\_\_\_

7. DATE OF BIRTH \_\_\_\_\_ 8. PLACE OF BIRTH \_\_\_\_\_

9. COUNTRY OF CITIZENSHIP \_\_\_\_\_

10. NON CITIZENS - If not a US Citizen, do you have PERMANENT RESIDENT STATUS? \_\_\_\_\_

11. MARITAL STATUS \_\_\_\_\_

12. NAME & ADDRESS OF INSTITUTION YOU ARE CURRENTLY ENROLLED IN  
\_\_\_\_\_

13. NAME & ADDRESS OF INSTITUTION YOU PLAN TO ENROLL IN NEXT YEAR  
\_\_\_\_\_

14. MAJOR FIELD OF STUDY/ INTENDED PROFESSION OR DEGREE  
\_\_\_\_\_

14. NAME OF PARENT OR GUARDIAN \_\_\_\_\_

15. RELATIONSHIP \_\_\_\_\_

16. ADDRESS OF PARENT OR GUARDIAN \_\_\_\_\_  
\_\_\_\_\_

17. TELEPHONE/ EMAIL OF PARENT OR GUARDIAN \_\_\_\_\_

**B. ACADEMIC INFORMATION**

1. LIST CHRONOLOGICALLY, ALL COLLEGES, PROFESSIONAL SCHOOLS OR OTHER INSTITUTIONS OF HIGHER EDUCATION YOU HAVE ATTENDED, STARTING FROM SECONDARY/HIGH SCHOOL. ATTACH TRANSCRIPTS OF PAST 4 YEARS ONLY.

NAME OF INSTITUTION	LOCATION	DATES OF ATTENDANCE	DEGREE/DIPLOMA & GPA
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. LIST ALL HONORS, AWARDS, SCHOLARSHIPS RECEIVED DURING THE PAST FOUR YEARS. SPECIFY YEAR AND DURATION.

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C. FINANCIAL INFORMATION**

1. CURRENT LIVING ACCOMMODATIONS: (CHECK ONE)  
Alone      With spouse      With parent      With relative      In university residence

2. DO YOU INDEPENDENTLY FILE A US TAX RETURN? (CHECK ONE)      Yes      No

3. ARE YOU CLAIMED AS A DEPENDENT ON PARENTS OR OTHER RELATIVES? PLEASE SPECIFY.

\_\_\_\_\_

4. LIST ALL EMPLOYERS FOR THE PAST 4 YEARS. (ATTACH ADDITIONAL SHEETS IF NECESSARY)

NAME OF EMPLOYER	LOCATION	TELEPHONE	DATES	JOB DESCRIPTION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. EXPECTED ANNUAL COST OF TUITION (ATTACH DOCUMENT SEE LAST PAGE)

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6. EXPECTED ANNUAL COST OF HOUSING (ATTACH DOCUMENTATION)

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7. OTHER FEES/EXPENSES FOR THE YEAR LIKE BOOKS, STUDENT FEES ETC. PLEASE ITEMIZE.

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8. EXPECTED ANNUAL COST OF LIVING (FOOD, CHILD CARE ETC) FOR NEXT YEAR \_\_\_\_\_

9. TOTAL ANNUAL EXPECTED COSTS (ADD LINES 5, 6, 7, 8) \_\_\_\_\_

10. LIST ALL SCHOLARSHIPS, GRANTS, FELLOWSHIPS, ASSISTANTSHIPS ETC YOU WILL BE RECEIVING NEXT YEAR

NAME & KIND OF AWARD	GRANTING AGENCY	AMOUNT	CERTAIN/UNCERTAIN
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11. EXPECTED ANNUAL INCOME FROM JOBS (INCLUDING THAT OF SPOUSE)

PLACE OF EMPLOYMENT	AMOUNT	CERTAIN/UNCERTAIN
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12. LIST OTHER FINANCIAL RESOURCES LIKE FAMILY SUPPORT

NATURE AND KIND OF SUPPORT	AMOUNT	CERTAIN/UNCERTAIN
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13. LIST LOANS THAT YOU, YOUR SPOUSE OR YOUR PARENTS ARE/WILL BE LIABLE FOR

LOAN	DATE INCURRED	ORIGINAL AMOUNT	MONTHLY PAYMENT	BALANCE
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14. PLEASE EXPLAIN YOUR NEED FOR THIS SCHOLARSHIP. INCLUDE ANY SPECIAL CIRCUMSTANCES THAT YOU FEEL SHOULD BE TAKEN INTO CONSIDERATION WHEN REVIEWING YOUR APPLICATION. ATTACH ADDITIONAL SHEETS IF NECESSARY.

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***D. EXTRACURRICULAR ACTIVITIES***

LIST ALL ACTIVITIES IN THE PAST 4 YEARS. INCLUDE PARTICIPATION IN DEBATES, DRAMA, ATHLETICS, MUSIC, SCHOOL ORGANIZATIONS, STUDENT COUNCILS INCLUDING OFFICES HELD.

NAME OF ORGANIZATION	DATES	DESCRIPTION OF ACTIVITY
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***E. COMMUNITY SERVICE***

1. LIST ALL ACTIVITIES IN THE PAST 4 YEARS THAT DEMONSTRATE YOUR SERVICE TO THE ZARATHUSHTI COMMUNITY, E.G. VISITING ELDERLY, YOUTH ACTIVITIES ETC.

NAME OF ORGANIZATION	DATES	DESCRIPTION OF ACTIVITY
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2. LIST ALL ACTIVITIES IN THE PAST (4) YEARS THAT DEMONSTRATE YOUR SERVICE TO THE COMMUNITY AT-LARGE, E.G. VISITING SOUP KITCHENS, HOSPITALS, YOUTH ACTIVITIES, ETC.

NAME OF ORGANIZATION	DATES	DESCRIPTION OF ACTIVITY
_____		
_____		
_____		
_____		

3. WHAT IS YOUR VISION FOR THE ZOROASTRIAN COMMUNITY IN THE NEXT DECADE? WHERE DO YOU SEE YOURSELF IN THIS VISION? ATTACH ADDITIONAL SHEETS IF NECESSARY.

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\_\_\_\_\_

\_\_\_\_\_

**F. REFERENCES/ ATTACHMENTS**

1. LIST THREE (3) PERSONS WHO WILL SEND LETTERS OF RECOMMENDATION FOR YOU AND STATE THEIR RELATIONSHIP TO YOU. AT LEAST ONE PERSON MUST BE A TEACHER WHOSE CLASS YOU ATTENDED AND ONE WHO CAN ATTEST TO YOUR COMMUNITY SERVICE RECORD. LETTERS MUST BE SENT DIRECTLY TO THE PERSON WHO IS RECEIVING THE FORM.

NAME	RELATIONSHIP
_____	
_____	
_____	

**G. ACKNOWLEDGEMENT**

*I certify that the information provided on this application is true and complete and I will be a full-time student at the institution named in the form for the next year. I affirm that I will use the funds obtained as a result of this application solely for the expenses related to attendance at the institution named in the form. If the funds are not needed for the purpose they were given, then I agree to return the unused amount.*

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

### ***CHECK LIST FOR APPLICANTS***

Please check that the application packet has 2 COPIES of the following:

1. Application form duly filled and signed by the applicant on last page.
2. Transcripts of high school and college courses (past 4 years only).
3. Proof of expected tuition expenses: fee receipt or page from college catalog.
4. Proof of housing expenses like rent receipt or dorm fees from college catalog.
5. Short description explaining your need for this scholarship (Q. C-14).
6. Short essay on your vision for the Zoroastrian community and your contribution to it. (Q. E-3).
7. Please do NOT attach certificates of attendance at athletics, debates or other extracurricular activities.
8. References and letters of recommendation to be sent directly to:

Mrs. Erna Fatakia  
Cyrus R. Fatakia Scholarship Committee  
5815 Intervale Dr  
Riverside, CA 92506  
[efatakia@gmail.com](mailto:efatakia@gmail.com)

9. Applications, Transcripts and Referrals must be postmarked no later than **July 1st** of the current Scholarship Year.