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ARMENIAN RELIEF SOCIETY OF WESTERN USA, INC.



APPLICATION FOR MERIT RECOGNITION  
OF HIGH SCHOOL GRADUATING SENIORS

Eligibility: The following criteria are requirements for consideration

- Must be of Armenian-American descent attending a public or Armenian Prelacy school
- Must be a graduating High School Senior
- Must have a grade point average of at least 3.5
- Must be active within both school and community
- Must plan on attending a university or college

**Student's Personal Information:** *Please provide the following information (if available).*

Full Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Birth Date (Month/Year) \_\_\_\_\_

Citizenship: \_\_\_\_\_ If not a US Citizen, Permanent Resident?  Yes  No

High School Name: \_\_\_\_\_ High School Principal Name: \_\_\_\_\_

High School Counselor Name: \_\_\_\_\_ School Address: \_\_\_\_\_

**Parent or Guardian's Information:**

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Address: \_\_\_\_\_

(If different from above) \_\_\_\_\_

1. **Student's Achievements:** *Describe briefly or list notable extracurricular activities, whether at school or within your community. Please list any honors and/or awards.*

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

2. *Stipulate your particular area of academic interest and explain why you have or how you developed this interest.*

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\_\_\_\_\_  
\_\_\_\_\_  
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3. Describe your involvement and volunteerism in the Armenian community.

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4. Explain your future plans and describe how you would like to contribute to the Armenian community after graduation.

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5. Provide us with any other information about yourself that you would like to share.

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**Other information needed:**

A. Two Letters of Recommendation      B. School Transcripts      C. Current GPA \_\_\_\_\_

**Mailing Instructions:** *The application form and all other required documents must be submitted to the following ARS Chapter representative at the address below by May 5, 2017.*

ARS Chapter Name: \_\_\_\_\_ Attention: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Chapter Address: \_\_\_\_\_