



**WORLD ZOROASTRIAN ORGANISATION, UK  
in association with**

**ERACH AND ROSHAN SADRI FOUNDATION (ERSF) ACADEMIC SCHOLARSHIPS AND GRANTS**

The Erach and Roshan Sadri Foundation Scholarship was started in 2008 to recognise academic excellence and provide support to Zoroastrian students pursuing meaningful courses of study in university or vocational programs at recognised well established institutions.

**ELIGIBILITY CRITERIA**

Zoroastrians who are enrolled or applied as full-time students in a college, university or other recognised institution. Grants to recipients will be made one time only with a possibility of one renewal. Evidence must be provided that admission has been granted by the university or institution.

Preference will be given towards courses pursued in India or Pakistan over overseas study.

**JUDGING CRITERIA**

Scholastic achievement 40%, Financial need 40%, Extra Curricular activities 10%, Community service 10%.

**APPLICATION PROCEDURES**

The completed application form and requested additional information must be submitted by post or as a scanned copy by email as shown below.

Application forms available upon request from Sammy Bhiwandiwalla by emailing [president@w-z-o.org](mailto:president@w-z-o.org) or may be downloaded from the WZO website, [https://www.w-z-o.org/apply\\_funding/](https://www.w-z-o.org/apply_funding/). It is the responsibility of each applicant to ensure that their applications are complete in all respects. Incomplete applications will be rejected and filed without further intimation.

**PREFERRED COURSES**

Priority will be given to candidates pursuing specialised degree courses as in Medical stream (MBBS, Dentistry, Homeopathy etc.), Pharmacy, Technology and Engineering in various sub disciplines, Architecture, Designs (including Industrial as well as Fashion), Chemical Engineering, Hotel & Hospitality Management, Performing and Creative Arts and Accredited Vocational courses.

**SELECTION CRITERIA**

Applications are considered on merit alone. There is no discrimination between eligible students with one or both parents being born Zoroastrians. Applications are evaluated by a committee appointed by WZO and are judged on academic accomplishments, program of study, appraiser's evaluations and general impressions from the application form. Decision of the WZO will be final and no correspondence will be entered into.

**Applicants canvassing or soliciting favourable consideration of their applications will be summarily rejected.**

**Applications received after 10<sup>th</sup> September 2017 may not be considered.**

**DECLARATION OF APPLICANT**

I have read and understood the instructions and declare that: All information provided is true and complete; I will be a full-time student at the institution named for the period.

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

**WZO ACADEMIC SCHOLARSHIPS APPLICATION FORM**  
**Scholarship Application to be completed by the applicant**

**A. PERSONAL PROFILE**

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

2. MAILING ADDRESS (including pin) \_\_\_\_\_

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

5. PERMANENT ADDRESS (if different from mailing address) \_\_\_\_\_

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

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

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

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

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

12. RELATIONSHIP \_\_\_\_\_

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

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

15. Occupation of Mother \_\_\_\_\_ Occupation of Father \_\_\_\_\_

16. Annual Household Income and details (Please tick)

Father \_\_\_\_\_ Mother \_\_\_\_\_

Below Rs100,000       Between Rs100,000-Rs 200,000

Between Rs 200,000 - Rs 300,000       Above Rs 300,000

(Please attach copy of income tax return and PAN. If income tax is not applicable please attach acceptable proof of income)

17. PLEASE EXPLAIN YOUR FINANCIAL NEED FOR THIS SCHOLARSHIP. INCLUDE ANY SPECIAL CIRCUMSTANCES THAT YOU FEEL SHOULD BE TAKEN INTO CONSIDERATION WHEN REVIEWING YOUR

APPLICATION, LIKE # OF PEOPLE IN YOUR HOUSEHOLD, AND THEIR NEEDS. ATTACH ADDITIONAL SHEETS IF NECESSARY.

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18. LIST NAMES OF ALL TRUSTS YOU HAVE APPLIED TO FOR SCHOLARSHIPS, GRANTS, ETC. AND THE AMOUNTS COMMITTED.

NAME & KIND OF AWARD	GRANTING AGENCY	AMOUNT	CERTAIN/UNCERTAIN
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**B. EDUCATIONAL INFORMATION**

1. List chronologically secondary/high schools attended over the past four years. Include details of any honours/awards.

NAME OF INSTITUTION	LOCATION	DATES OF ATTENDANCE	QUALIFICATION
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2. EXPECTED COST OF TUITION FOR APPLICATION YEAR. PLEASE PROVIDE BREAKDOWN (ATTACH DOCUMENT SEE LAST PAGE)

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3. OTHER FEES/EXPENSES PLEASE ITEMIZE.

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4. TOTAL EXPECTED COSTS FOR NEXT YEAR (ADD LINES 2 AND 3) = \_\_\_\_\_

**C. EXTRA CURRICULAR ACTIVITIES**

1. List all extracurricular activities in the past FOUR years. Include your participation in debates, drama, athletics, music, school organizations and student councils including offices held. Please specify whether the organization was Zoroastrian or non-Zoroastrian.

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

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

NAME OF ORGANIZATION

DATES

DESCRIPTION OF ACTIVITY

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**E. 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.

2. LETTERS MUST BE SENT DIRECTLY TO THE PERSON WHO IS RECEIVING THE FORM.

NAME

RELATIONSHIP

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**F. 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.

Even though grants are not required to be repaid, it is recommended that once I become an earning member of society, I will make a voluntary contribution, so that the corpus may grow and benefit other Zoroastrian students.

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

**CHECK LIST FOR APPLICANTS**

Your covering letter

Application form duly filled and signed on both pages.

Proof of expected tuition expenses, viz: fee receipt or page from college catalogue

Proof of housing expenses like rent receipt or dorm fees from college catalogue

Letters of recommendation should be attached at the time of application.

In case of clarification please contact

Mr. Sammy Bhiwandiwalla, WZO at [president@w-z-o.org](mailto:president@w-z-o.org)

**Scanned completed applications may be sent by email to [president@w-z-o.org](mailto:president@w-z-o.org)**

**Or by post to: The President, World Zoroastrian Organisation, "ERSF Scholarship"**

**11 Beeches Wood, Kingswood, Surrey KT20 6PR, UK**