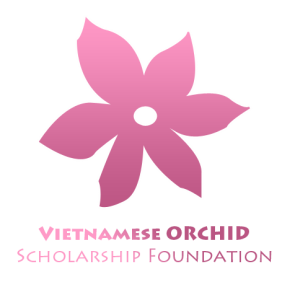
****

Please kindly fill in the form and send it to [**orchidscholarship@gmail.com**](mailto:orchidscholarship@gmail.com). Please don’t forget to send us the **scanned copies of achievements** (if possible) as well.

4 cm x 6 cm  
photo

**ORCHID SCHOLARSHIP   
APPLICATION FORM**

***(To be considered for scholarship, all following information must be filled)***

**PERSONALS**

**Full Name (in Vietnamese):**  *. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .* Gentle: *Male* *Female*

Date of Birth: *. . . . . . . . . . . . . . .*  Place of Birth: *. . . . . . . . . . . . . . . . . . . . . . . . . . . . . .*

Present grade: *10*; *11*; *12*. High school: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Family address: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Residential address (if differs home address): . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**E-mail**: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Phone number: *. . . . . . . . . . . . . . .*

Health Condition: *Good* *Disabled* *other (please specify):* . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**ACADEMIC RECORDS**

**Annual averages**: 10th Grade: . . . . . . . . . 11st Grade: . . . . . . . . . 12th Grade: . . . . . . . . .

**Achievements in Olympiads**: Please list your ***3 highest prizes only*** in Olympiads in the format: Subject, Year, Level, Prize, *for example, Mathematics, 2013, National, Second*: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Other achievements**: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**FAMILY**

Is your family classified as *Normal; or* *Very poor* *Martyr-aided* *other (please specify):* . . . . . . .

Are you an orphan? *No* *Yes* Do your family has any disabled person? *No* *Yes*

**Family members and their incomes**: **Total family monthly income** . . . . . . . . . . . . . . .

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Relationship | Full Name | Age | Occupation | Workplace | Monthly income | Note\* |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |

*\*Note: dead, disabled, retired, oversea, etc.*

**Statement:** By submitting this application to Orchid Scholarship, I declare that the above facts and the accompanying information are true.

Date: *. . . . . . . . . . . . . . .*

|  |  |
| --- | --- |
| Certified by high school (if possible)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Application name Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |