



QUALITY SCHOOLS INTERNATIONAL

QSI International School of Ljubljana

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**QSI INTERNATIONAL SCHOOL OF LJUBLJANA
APPLICATION FOR FINANCIAL SCHOLARSHIP**

For the 2017/2018 School Year

(Please sign and date this application)

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

ENGLISH LANGUAGE INTERVIEWS, WRITING SAMPLES, AND KNOWLEDGE LEVEL TESTS WILL BE ADMINISTERED

PERSONAL DATA

<i>First Name:</i> _____	<i>Grade Applying For:</i> _____
<i>Middle Name:</i> _____	<i>Grade Last Completed:</i> _____
<i>Family Name:</i> _____	<i>Nationality:</i> _____
<i>Gender:</i> _____	<i>Passport No:</i> _____
<i>Date of Birth:</i> _____	

PERSONAL DATA OF PARENTS

FATHER OR GUARDIAN

MOTHER OR GUARDIAN

<i>Name:</i>	_____	_____
<i>Nationality:</i>	_____	_____
<i>Passport Number:</i>	_____	_____
<i>Home Address:</i>	_____	_____
<i>Home Telephone:</i>	_____	_____
<i>E-Mail:</i>	_____	_____
<i>Employer/Co. Name:</i>	_____	_____
<i>Business Address:</i>	_____	_____
<i>Cell Phone Number:</i>	_____	_____

EDUCATIONAL PROFILE OF STUDENT

Language spoken at home: _____

Native language: _____

Level of English Proficiency: _____ NATIVE | GOOD | FAIR _____

Last three schools attended, starting with most recent:

<i>Name Address of School</i>	<i>Dates Attended</i>	<i>Grades Completed</i>	<i>Language of Instruction</i>

Has the student been enrolled in, or recommended for, any of the following?

Program for gifted children
Diagnostic testing
Special tutoring

Special reading program
Speech therapy
Learning disability

Counselling or therapy

Does health affect the applicant's ability to participate in school programs? _____ Yes / No

If YES, explain:

Do learning disabilities affect the applicant's ability to participate in school programs? _____ Yes / No

If YES, explain:

Additional comments:

FINANCIAL NEED
(Contact the Director for school fees)

**Full and partial scholarships are awarded depending on need and available funds.
New students who are applying for a scholarship will be responsible for the registration fee and part of the tuition.
Continuing scholarship students are responsible for part of the tuition only.**

What percentage of the tuition can you pay? _____
What is the amount paid by a sponsoring agency? _____
What is your anticipated income for 2017? _____
How many people are dependent upon the family income for daily living expenses? _____
List dependents and ages in the household:

Do you own any other property? _____ Yes / No
If YES, please describe:

Year of Purchase: _____ Purchase Price: _____ Present Value: _____
Is either parent self-employed or holding an interest in a family business? _____ Yes / No
If YES, name of the business: _____
Parent's role in the business

OTHER ASSETS

Total amount of investments (stocks, bonds, etc.) _____
Does your family have any money, property, or assets in another country? _____ Yes / No
Amount _____
Does your family receive income from these assets? _____ Yes / No
If YES, amount _____

PARENT QUESTIONNAIRE

How many years will the applicant attend QSI Ljubljana? _____

Have you been a QSIL scholarship recipient at any time in the past, and, if so, when?

How many years will you be a scholarship applicant? _____

Are there special circumstances this year?

Where will the applicant attend university (if known)? _____

How will university expenses be funded?

Describe your child and explain how he or she will benefit from attending QSIL

What can you, parents and family, offer the QSIL community as part of your contribution to the school?

VERIFICATION

Documentation must be provided to verify this income information. All documents must be translated into English.

- A letter of request addressed to the Advisory Board, indicating the reason for applying, along with the amount the family could reasonably afford to contribute to the cost of education.
- A letter from your employer(s) verifying that no part of your benefits include support for your child(ren)'s education
- Most recent tax return
- Two most recent salary statements for both parents
- Two most recent bank statements for all accounts
- Documents supporting amount and term of liabilities (mortgages, loans, rental agreements, etc.)
- Any other documents that reflect income.

SUPPORTING DOCUMENTS

New Applicants

- Birth certificate or photocopy of Passport Name Page of the applicant.
- School records, grade report, and letter of recommendation from the current school's principal.
- If the applicant follows an Individualized Educational Program at his/her present school, attach the IEP.

All Applicants

- Document from a sponsoring agency, if any, validating its contribution to the cost of education.
- Tax documents from all countries validating both parents earned and unearned income in 2016.
- If current student, statement from the QSIL accountant that all school fees are paid.
- Student Self-Evaluation Form (11-Year-Old class and older)
- Student Questionnaire
- Student Conduct Evaluation must be completed by the homeroom teacher of elementary students (11-Year-Old class and younger) and completed by an academic teacher (English, Mathematics, Science or Cultural Studies) of secondary students. The evaluation must be returned directly to the Director.

Statement of Truth:

We understand that:

- a) the information reported on this form is, to the best of my/our knowledge and belief, true, correct, and complete;
- b) this application will be rejected automatically unless every item is completed on the Financial Information and all attachments have been included;
- c) the Advisory Board has the right to check all the information that has been provided;
- d) that any inaccuracy or omission is cause for summary and final rejection of this application as well as permanent inability to apply for financial assistance in the future;
- e) We authorize the Financial Assistance Committee members to contact my/our place of employment, banks, and other institutions to verify the information provided, if needed;

The undersigned persons hereby agree that all the submitted personal information can be used and stored by QSI for the purposes of this Application in accordance with applicable Legislation and Internal Rules. All personal information will be treated with strict confidentiality and will not be submitted to anyone without your consent, except in cases which are stated in applicable Legislation.

Signature of Parent/Guardian _____ *Date* _____

Signature of Parent/Guardian _____ *Date* _____

STUDENT SELF-EVALUATION

To be completed entirely by student.

Name: _____

Rate yourself with a check-mark in the following areas:

	<i>Outstanding</i>	<i>Excellent</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>
<i>Academic motivation</i>					
<i>Academic creativity</i>					
<i>Self-discipline</i>					
<i>Growth potential</i>					
<i>Leadership</i>					
<i>Self confidence</i>					
<i>Personal warmth</i>					
<i>Sense of humor</i>					
<i>Concern for others</i>					
<i>Energy</i>					
<i>Personal initiative</i>					
<i>Emotional maturity</i>					
<i>Reaction to setbacks</i>					
<i>Respect from faculty</i>					

Additional Comments:

Student Signature: _____ *Date:* _____

STUDENT QUESTIONNAIRE
(11-Year-Old class and up)

To be completed entirely by student.

Name: _____

Fully describe your present courses as listed below, including topics you will cover before the end of the current school year

Mathematics

Science, including the number of lab periods per week

Literature/English

Foreign language

List the academic subjects of greatest interest to you and tell why.

What book have you found particularly interesting or enjoyable in the past year and why?

What do you consider to be your greatest strengths and weaknesses?

Tell us about yourself, i.e. important events or interests that would help us to know you better.

Student Signature: _____ Date: _____

STUDENT CONDUCT EVALUATION

To be completed by the homeroom or an academic teacher (English, Mathematics, Science or Cultural Studies). *The information provided by teachers will be dealt with discretion and will serve ONLY for internal needs of AB members.***

Student Name: _____

Rate the student with a check-mark in the following areas:

	<i>Outstanding</i>	<i>Excellent</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>
<i>Academic motivation</i>					
<i>Academic creativity</i>					
<i>Self-discipline</i>					
<i>Growth potential</i>					
<i>Leadership</i>					
<i>Self confidence</i>					
<i>Personal warmth</i>					
<i>Sense of humor</i>					
<i>Concern for others</i>					
<i>Energy</i>					
<i>Personal initiative</i>					
<i>Emotional maturity</i>					
<i>Reaction to setbacks</i>					
<i>Respect from faculty</i>					

1. *Has this student experienced any discipline problems in your class?* Yes / No

If YES, please elaborate:

2. *Would you describe this student as a respectful, positive and contributing member of your class?* Yes / No

If NO, please elaborate:

3. *Is there any other information we should know regarding this student's behavioral patterns, which could affect our school community in a negative way?*

Yes / No

If NO, please elaborate:

Teacher Signature: _____ *Date:* _____

Please return completed Student Conduct Evaluation Form to the Director. It should not be returned to the student or their family.