**Saint Porphyrios**
A S S O C I A T I O N

**Application Form for Educational Support**

Name: _____     Family Name: _____

Father's Name: _____     Parent's phone number: _____

Class: _____     School: _____

Nationality: _____     Sect: _____

Place of Residence: _____     Number of siblings: _____

Reference Person (priest, school principal, other):   _____

1.  Information on the father:
o Unemployed
o Employed
If employed please fill:

Job position: _____     monthly income: _____

2.  Information on the mother:
o Unemployed
o Employed
If employed please fill:

Job position: _____     monthly income: _____

3.  Is the student benefitting from any financial aid from any other source?
o No
o Yes
If yes, please fill:

Source of aid: _____     value of aid: _____

4. Has the student lost a parent?

o No

o Yes

If yes, please specify:

Reason (death/divorce/other) _____

Guardian he lives with (mother/father/grandparents/other) _____

5. Is there any illness/disability in the family?

o No

o Yes

If yes, please fill:

Relationship of the sick/disabled person with the student: (parent/ sibling/ self/ other) _____

Type of disability/sickness: _____

6. What was the student's yearly average for the past 3 years (if applicable)?
   2022: _____
   2023: _____
   2024: _____

Additional Comments:

_____
_____
_____
_____
_____