YASAR UNIVERSITY

Student Affairs Directorate
MARTYR and DISABLED VETERAN SCHOLARSHIP APPLICATION FORM

PERSONAL INFORMATION	
Name - Surname:	
Turkish ID No of the Student:	
Student Number:	
Faculty/School/Voc.School:	
Department/Program:	
Class Year:	
Address:	
Telephone:	
Martyr Scholarship: Spouse: Children:	Disabled Veteran Scholarship: Self: Spouse: Children:

ACADEMIC INFORMATION	
Academic Year :	First Registration: Registered Students
Grade Point Average (if registered) :	

I hereby request your necessary action to be granted with Martyr and Disabled Veteran Scholarship for the Academic Year 20…. – 20…....

Student Signature: **Application Date:**

Stu. Aff. Dir. Approval: ☐ APPROVED
☐ NOT APPROVED

Stu. Aff. Dir. Officer :
Stu. Aff. Dir. Director:

Note: 1-) All applications should be completed till the end of the working hours of the day of .../.../20...
2-) Certified document from the related public institution should be added to the application for Martyr and Disabled Veteran Scholarship
3-) Certificate of identity register copy from Civil Registration and Citizenship Directorate for showing the first degree relative relationship with the martyr or disabled veteran (excl. being the disabled veteran of the application holder) should be added to the application