



# The American International School of Zagreb

Accredited by the Middle States Association of Colleges and Schools  
Authorized by the International Baccalaureate Organization

## The Croatian Young Leaders Scholarship Program

The American International School of Zagreb Scholarship Program  
for Academic and Leadership Excellence:

A Renewable Need-Based Tuition Scholarship for high school students in Grades 9-12.

### APPLICATION PACKAGE

**Application Deadline for 2023-2024 School Year: Wednesday, 23 March 2023.**

#### Introduction

The American International School of Zagreb is pleased to announce the Croatian Young Leaders (CYL) Scholarship Program for High School students in Grades 9-12.

The student awarded the scholarship will receive a 90% tuition benefit for up to four years (eight semesters), until he/she graduates from AISZ. The student must meet academic and leadership requirements to continue receiving the scholarship from year to year.

**Further information about the school is available on the school website ([www.aisz.hr](http://www.aisz.hr)) or by contacting the Admissions Office at +385 1 7999-306.**

#### Scholarship goals

1. To provide talented and motivated Croatian students with an opportunity to study within an American international educational environment.
2. To develop leadership capacity with a global perspective.
3. To foster academic excellence and socio-economic diversity in the high school.
4. To foster relations with the local community and Croatia's educational network.

#### Scholarship requirements

1. Demonstrated academic excellence.
2. Demonstrated leadership attributes.
3. Involvement in leadership opportunities at school and in the community.
4. Demonstrated involvement in co-curricular activities.
5. Demonstrated financial need.
6. Demonstrated command of written and spoken English (as evidenced by application essay, interview, and other relevant assessments).

7. For students new to AISZ who have completed the eighth grade or equivalent.
8. For students who are Croatian citizens (dual nationality is acceptable), coming from the Croatian educational system, learning according to the Croatian national curriculum.

#### Scholarship selection criteria

1. Application Form with essay.
2. Report cards/transcripts from the past three years.
3. AISZ assessments of aptitude and academic English proficiency.
4. Teacher and principal or counselor recommendations addressing commitment to learning, social-emotional capability, and commitment to community.
5. Impromptu writing sample.
6. Interview.
7. Appropriate financial documents demonstrating financial need (the Financial Assistance form is on pages 7-10).
8. Number of students currently enrolled in a specific grade level at AISZ.

#### Scholarship terms

1. Financial award up to 90% of tuition and capital fee costs.
2. Award is renewable up to four years based on academic performance, as well as maintaining high standards of behavior and involvement in service learning and activities offered at AISZ.
3. Up to eight scholarships are granted at any specific time. For the academic year 2023/2024 two scholarship may be granted to students entering grades 9, 10, or 11.

## Items to be submitted

1. Scholarship Application Form (pages 3-6 of the Application package)
2. Academic / Leadership Essay:

An essay in the applicant's own words addressing the following:

- a. the role of academics and leadership in their life presently and in the future
- b. how they stood out as a leader in their school, family, and/or community
- c. how an opportunity to attend the American International School of Zagreb would help them achieve their goals

3. Copies of report cards/transcripts from the past two years
4. Academic/Leadership evidence:  
Evidence to support academic performance and leadership (e.g. graded assignments, examples and achievements in extracurricular activities)
5. Proof of Croatian nationality (passport copy, birth certificate, or *domovnica*)
6. A photo (passport size)
7. Financial Assistance Form (Pages 7-10 of the Application package) and evidence of financial need as indicated
8. GDPR Consent Form (Page 11 of the Application package)
9. Recommendations (Pages 12-18 of the Application Package)
  - a. one from the guidance counselor, principal or head teacher (*razrednik*) at the current school
  - b. two from core subject teachers - one from the applicant's English teacher and one from the applicant's Math teacher.

## Submission:

Please have all documents scanned as two PDF files:

- 1st file must contain documents 1-6
- 2nd file must contain documents 7 and 8 with required evidence

Both PDF files must be put in a Google drive folder named: Last name, First name - CYL Scholarship 2023.

The link to the shared folder should be sent to the following email address: [scholarship@aisz.hr](mailto:scholarship@aisz.hr)

- Recommendation (item 9, pages 12 – 18 of the Application Package) need to be submitted directly from the teachers to the AISZ. An email with electronic files or with scanned copies of recommendations in attachment should be sent by teachers and principals or counselors to the email address: [scholarship@aisz.hr](mailto:scholarship@aisz.hr).

The email headline needs to say "Recommendation – Last name, First name of the applicant - CYL Scholarship 2023.

All documents must be submitted **NO LATER THAN 23 MARCH 2023**

Applications that are not done according to the listed specifications or that are received after the deadline will not be considered. Selected candidates will be invited to one or two interviews. Final decisions will be made no later than 30 May. Unfortunately, we cannot provide feedback on the screening process of each applicant. The criteria follows procedure that carefully considers each and every candidate. All decisions are final.

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This Application Package can be downloaded from <https://www.aisz.hr/join/scholarship/>

# AISZ Croatian Young Leaders Scholarship Application Form

## PERSONAL DATA

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Family Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Gender:      M     F     Not Specified                       Date of Birth:    DD/MM/YYYY

Grade applying for: \_\_\_\_\_ Grade last completed: \_\_\_\_\_

Nationality: \_\_\_\_\_ Passport or ID N<sup>o</sup>: \_\_\_\_\_ OIB: \_\_\_\_\_

## EDUCATIONAL PROFILE OF STUDENT/ APPLICANT

Total number of schools attended: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_ Native language: \_\_\_\_\_

Level of English Proficiency:    **NATIVE / GOOD / FAIR**

Last three schools attended, starting with most recent:

NAME & ADDRESS OF SCHOOL	DATES ATTENDED	GRADES COMPLETED	LANGUAGE OF INSTRUCTION

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 support     
  Counseling or therapy

Additional comments:

**PERSONAL DATA OF PARENTS**

Father's or guardian's full name:

Mother's or guardian's full name:

\_\_\_\_\_

\_\_\_\_\_

Marital status: \_\_\_\_\_

Marital status: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Home phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Office phone: \_\_\_\_\_

Office phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Applicant lives with (check all that apply):**

- Father     Mother     Stepfather     Stepmother     Guardian     Other \_\_\_\_\_

Home address in Croatia:

**HEALTH DATA**

Does the applicant has or has had any of the conditions listed:

- Eye problems       Hearing aid       Heart problems       Diabetes       Seizures  
 Epilepsy       Eating disorder       Speech problems       Learning issues  
 Emotional issues       Behavior issues       ADD/ADHD       Depression

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the applicant vaccinated and are all vaccinations up to date:  Yes     No

If No, please explain:

\_\_\_\_\_

\_\_\_\_\_

## SELF-EVALUATION

To be completed by the student

Name: \_\_\_\_\_

Rate yourself with a check-mark in comparison with your past and present classmates in the following areas:

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

Additional Comments (optional):

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Student Signature.....

Date .....

**STUDENT QUESTIONNAIRE**

*To be completed by the student*

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

.....  
.....

Croatian 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 know you better.

.....  
.....

How did you learn about the American International School of Zagreb and the CYL Scholarship Program?

.....  
.....

Student Signature..... Date .....

# FINANCIAL ASSISTANCE FORM

Please print clearly in black ink.

## SECTION A: APPLICANT INFORMATION

### Student applicant name

Last name (surname/family name):	First name:	
Middle name:	Student date of birth: (dd/mmm/yyyy)	Country of birth:
Student country/countries of citizenship:	Current grade:	Applying for grade:

Current school:	
School address:	
Student-applicant home/permanent address:	
Student-applicant mailing address and phone number (if different from above)	
Valid phone number (include country and city codes):	Student email address:

## Section B: PARENT OR GUARDIAN INFORMATION

The student applicant resides with:  Mother  Father  Stepmother  Stepfather  
 Grandparent  Guardian  Other (explain) \_\_\_\_\_

Parents' current marital status:  Married  Separated/Divorced\*  Other (explain)

\*If parents are separated or divorced, then parents must apply separately financial information.

Does any parent file a U.S. Federal tax return?  Yes  No

### PARENT/GUARDIAN 1 NAME \_

(last, first, middle)

Relationship to student-applicant \_\_\_\_\_ Email address: \_\_\_\_\_

Home address (if different from applicant) \_

Occupation/Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Number of years with employer \_\_\_\_\_  Full time  Part time

**PARENT/GUARDIAN 2 NAME:**

\_\_\_\_\_ (last, first, middle)

Relationship to student-applicant: \_\_\_\_\_ Email address: \_\_\_\_\_

Home address (if different from applicant):  
\_\_\_\_\_

Occupation/Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Number of years with employer \_\_\_\_\_  Full time  Part time

**DEPENDENT INFORMATION**

How many people are dependent upon the family income for daily living expenses? \_\_\_\_\_

List dependents in the household:

Name \_\_\_\_\_ Relationship to applicants \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship to applicants \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship to applicants \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship to applicants \_\_\_\_\_ Age \_\_\_\_\_

**Section C: FINANCIAL INFORMATION**

**REAL ESTATE**

Do you own any property in Croatia or abroad?  Yes  No

Year of purchase	Purpose/Use of Property i.e. Family home, Holiday home...	Market value EUR	Mortgage Yes or No

Unpaid Principal on all Mortgages in EUR: \_\_\_\_\_

Does your family receive income from these assets?

Yes  No If yes, EUR per year \_\_\_\_\_



## CARS, BOATS AND RECREATIONAL VEHICLES

Do you own any cars, boat or any other recreational vehicles in Croatia or abroad?  Yes  No

Type (car, boat,....)	Producer	Model	Year	Ownership Status (own, leasing...)	Notes

### PERSONAL INCOME:

Total annual net salary income for the family: EUR \_\_\_\_\_

Debts owed to family: EUR \_\_\_\_\_

### OTHER ASSETS:

Total amount of current cash/savings: EUR \_\_\_\_\_

Total amount of investments (shares, bonds, etc.): EUR \_\_\_\_\_

Assets owned by student-applicant: EUR \_\_\_\_\_

Please describe:

Does your child receive a scholarship from an outside organization?  Yes  No

If YES, please provide the name of the organization/scholarship and the amount received:

Is either parent self-employed or holding an interest in a family business?  Yes  No

If yes, name of the business(es)\_

Parent A role in the business \_\_\_\_\_% ownership \_\_\_\_\_

If yes, name of the business(es)\_

Parent B role in the business \_\_\_\_\_% ownership \_\_\_\_\_

## Section D: EDUCATIONAL EXPENSES

List all dependent children and educational expenses incurred for each:

Child's Name	Age	School/University	Annual costs (EUR)	Paid by family (EUR)

## Section E: VERIFICATION

### Documentation must be provided to verify this income information

*Documents could be in Croatian where not requested in English)*

- A letter of request by parents addressed to the Scholarship Committee (in English)
- 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 or IP Form for Croatian citizens
- Private company owners - most recent Financial Statements (GFI – P&L, BS, notes, additional info)
- Two most recent salary statements
- Two most recent bank statements for all accounts
- Two most recent credit card statements for all credit cards
- Documents supporting amount and term of liabilities (mortgages, loans, rental agreements, etc.)

### STATEMENT OF TRUTH

I/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 Financial Assistance Committee has the right to check all the information that has been provided;
- d) that any inaccuracy or omission is cause for final rejection of this application as well as permanent inability to apply for financial assistance in the future;
- e) According to GDPR, we accept that AISZ can process all data submitted directly to AISZ for the purpose of receiving Scholarship or Financial Assistance program. Information will be stored securely and destroyed in accordance the AISZ retention schedule.

Signature of Parent/Guardian 1 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian 2 \_\_\_\_\_ Date \_\_\_\_\_

# GDPR CONSENT FORM

In order for us to be able to process your and your child's data please acknowledge that you have read and accepted the information presented in the Privacy Notice and Policy of Use of Images and Recordings on [www.aisz.hr/discover-aisz/privacy-policy/](http://www.aisz.hr/discover-aisz/privacy-policy/)  YES

## CONSENT TO USE PHOTOGRAPHS AND VIDEOS DURING THE SCHOLARSHIP PROGRAM

The American International School of Zagreb (further: AISZ) staff and students take photographs and videos throughout the school year to record and share everyday life at AISZ. These images will be shared internally, as well as on secure digital platforms (e.g. AISZ School Information System, Google services, and SeeSaw). As a way of documenting and sharing their learning story as positive digital citizens, AISZ staff and students may share these images on social media platforms, including Facebook, Instagram, YouTube and Twitter. Your child may be identifiable in these photographs or videos, but will not be identified by name. Unless we have your consent to use these photographs for the purposes outlined below, identifiable photographs of your child will only be used for educational purposes. Please let us know if you grant us permission to use your child's images in various school publications. Consent can be withdrawn at any time. More details about exceptions you can find in Policy of Use of Images and Recordings on [www.aisz.hr/discover-aisz/privacy-policy/](http://www.aisz.hr/discover-aisz/privacy-policy/)

Promotional images on the school website  Yes  No

Images in school advertising (digital / print)  Yes  No

School managed social media accounts  Yes  No

Signature of Parent/Guardian 1 \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent/Guardian 2 \_\_\_\_\_

Date \_\_\_\_\_

## STUDENT REFERENCE FORM for Scholarship Applications and Admissions to Grades 9, 10 and 11

To be completed for by the student's current classroom teacher, counselor or principal.

**Note to parents/guardians:** Request that at least one teacher completes this form. Teachers must return the form directly to the American International School of Zagreb.

**Note to teachers:** Information from teachers is extremely valuable to our Admissions Department in determining if AISZ is an appropriate setting for a student. Based on your professional opinion, please complete this form and return it to us at your earliest convenience. If the form is returned by the family, please place it in a sealed envelope with an official school stamp. Your response will remain confidential.

This form should be returned by email to [scholarship@aisz.hr](mailto:scholarship@aisz.hr). Please **include student full name in subject line** of the email. Example: Reference for John Doe.

Name of student \_\_\_\_\_ Current grade \_\_\_\_\_

School \_\_\_\_\_

Name of teacher/counselor submitting recommendation \_\_\_\_\_

E-mail address \_\_\_\_\_ Position \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

How often do you have contact with the applicant?  Daily  Weekly  Occasionally

I recommend this student for admission:

Enthusiastically  Strongly  With reservation  Not at all

May we contact you for further information?  YES  NO

Please mark box which best describes the student's ability in the following areas.

PERSONAL CHARACTERISTICS	Needs improvement	Satisfactory	Good	Excellent
Motivation				
Conduct and behavior				
Self confidence				
Independence				
Concern for others				
Emotional maturity				
Intellectual curiosity				
Relationship with peers				
Relationship with adults				

**Is this student enrolled in any special programs or receiving services for any of the following?**

<b>APPROACHES TO LEARNING</b>	<b>Needs improvement</b>	<b>Satisfactory</b>	<b>Good</b>	<b>Excellent</b>
Attends class punctually				
Works independently				
Works cooperatively				
Participates in class discussions				
Actively listens in class				
Organizes time effectively				
Completes assignments on time				
Seeks help when necessary				
Demonstrates effort				

**Please describe this student’s academic strengths and weaknesses.**

**Has this student been involved in any serious disciplinary procedure?**       YES    NO

**If yes, please explain.**

**Are you aware of any learning or behavioral concerns which exist and might require further support?**

**Has the student ever required learning support or psycho-educational testing?**

**If yes, please explain.**

**In your opinion, how will this student adapt to a new school in an international environment?**

**Note any special interests and/or involvement in extra-curricular activities.**

**Any additional comments about this child's work habits, social development, emotional growth, physical development and/or academic skill development would be greatly appreciated.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**School stamp**

## ENGLISH TEACHER REFERENCE FORM

### for Scholarship Applications and Admissions to Grades 9, 10 and 11

*To be completed by the student's current or most recent English teacher(s)*

**Note to parents/guardians:** Request that at least one teacher completes this form. Teachers must return the form directly to the American International School of Zagreb.

**Note to teachers:** Information from teachers is extremely valuable to our Admissions Department in determining if AISZ is an appropriate setting for a student. Based on your professional opinion, please complete this form and return it to us at your earliest convenience. If the form is returned by the family, please place it in a sealed envelope with an official school stamp. Your response will remain confidential.

This form should be returned by email to [scholarship@aisz.hr](mailto:scholarship@aisz.hr). Please **include student full name in subject line of the email**. Example: Reference for John Doe.

- **Name of student** \_\_\_\_\_
- **Current grade** \_\_\_\_\_
- **School** \_\_\_\_\_
- **Name of teacher submitting recommendation** \_\_\_\_\_
- E-mail address** \_\_\_\_\_
- **How long have you known this student?** \_\_\_\_\_
- **How often do you have contact with the applicant?**
  - Daily       Weekly       Occasionally
- **May we contact you for further information?**
  - YES       NO
- **Name of applicant's current English course** \_\_\_\_\_
- Is this an advanced level course?**  YES  NO
- Is this a remedial level course?**  YES  NO
- **Does the applicant receive English Language Learning /English Second Language support or other English language instructions outside school?**
  - YES       NO       I do not know
- **If so, how many hours per week?** \_\_\_\_\_

➤ Please assess the candidate's potential and performance with respect to the following criteria:

READING AND WRITING	Needs improvement	Satisfactory	Good	Excellent
Academic ability				
Comprehension of grade level text				
Ability to interpret and analyze text				
Ability to express ideas in written communication				
Ability to express ideas in oral communication				
Vocabulary development				
Creative writing ability				

WORK HABITS AND PERFORMANCE	Needs improvement	Satisfactory	Good	Excellent
Organization				
Preparedness (brings materials to class)				
Homework completion				
Attentiveness				
Participation				
Project/essay completion				
Test performance				
Ability to work independently				
Cooperation with other students				
Motivation				

➤ Does the student need /receive extra academic assistance in English? If so, please explain.

➤ Would you recommend the promotion of this student to the next grade level? If so, please explain.

➤ If you have any other comments or there are any special circumstances about this applicant, please explain.

Signature: \_\_\_\_\_  
School stamp

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



## MATHEMATICS TEACHER REFERENCE FORM for Scholarship Applications and Admissions to Grades 9, 10 and 11

To be completed by the student's current or most recent Mathematics teacher(s)

**Note to parents/guardians:** Request that at least one teacher completes this form. Teachers must return the form directly to the American International School of Zagreb.

**Note to teachers:** Information from teachers is extremely valuable to our Admissions Department in determining if AISZ is an appropriate setting for a student. Based on your professional opinion, please complete this form and return it to us at your earliest convenience. If the form is returned by the family, please place it in a sealed envelope with an official school stamp. Your response will remain confidential.

This form should be returned by email to [scholarship@aisz.hr](mailto:scholarship@aisz.hr). Please include student full name in subject line of the email. Example: Reference for John Doe.

- **Name of student** \_\_\_\_\_ **Current grade** \_\_\_\_\_
- **School** \_\_\_\_\_
- **Name of teacher submitting recommendation** \_\_\_\_\_
- E-mail address** \_\_\_\_\_
- **How long have you known this student?** \_\_\_\_\_
- **How often do you have contact with the applicant?**  
 Daily     Weekly     Occasionally
- **May we contact you for further information?**  
 YES     NO
- **Name of applicant's current Math course** \_\_\_\_\_  
**Is this an advanced level course?**  YES  NO  
**Is this a remedial level course?**  YES  NO
- **Summary of topics taught in the course this year:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- **Textbook(s) used in this class (title and publisher):** \_\_\_\_\_  
 \_\_\_\_\_
- **Applicant's current grade in math class:** \_\_\_\_\_

➤ Please assess the candidate's potential and performance with respect to the following criteria:

	Needs improvement	Satisfactory	Good	Excellent
Academic potential				
Academic performance				
Academic motivation and work habits				
Computational skills				
Understanding of math concepts				
Mastery of basic skills				
Appropriate use of calculator				
Ability to follow a pattern or procedure				
Application/problem solving ability				
Ability to apply prior knowledge and solve unfamiliar problems				
Written homework completion				
Test performance				
Independence and initiative				
Cooperation with adults				
Cooperation with peers				

➤ Does the student need /receive extra academic assistance in Mathematics? If so, please explain.

➤ Which math course would you recommend that the student take next year?

➤ Do you have any other comments or are there any special circumstances about this applicant?

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

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

School stamp