



QSI International School of  
Sarajevo  
is now accepting  
**SCHOLARSHIP APPLICATIONS**  
for the **2025-2026** school year.



**Apply by Friday, March 28, 2025.**

Please contact  
**sarajevo@qsi.org**  
with any questions

## QSI International School of Sarajevo

### QSI Scholarship Policy

Each year QSI Sarajevo allocates funding toward providing financial need based scholarships to members of the community. QSI Sarajevo is now accepting scholarship applications for the 2025-2026 academic year.

Application Process for New Families:

1. Read the application packet
2. Complete the application and submit it, in full, to [sarajevo@qsi.org](mailto:sarajevo@qsi.org) or as a hard copy to the main office.
3. You will be contacted to complete placement testing and interview with the school Director
4. The Advisory Board will review applications and award scholarships based on the criteria below.

The Advisory Board of QSI International School of Sarajevo will appropriately award scholarships to deserving families. Board members whose children are receiving scholarships must excuse themselves from discussion concerning specific requests for aid and may not vote in such cases.

Application and Notification: Scholarship requests or renewals must be received by **March 28, 2025** for the following academic year. Applications for scholarship are prioritized as follows:

1. applications from existing scholarship students
2. applications from students who are entering our secondary program
3. applications from students who are entering the 11-year-old class and above
4. applications from students who are entering the 5-year-old class and above

The administration will officially notify applicants by email by the beginning of **May** each year.

Incomplete or late applications will be denied.

Available Funding: Each school year, the amount of money available for scholarships will not exceed 10% of the regular school fee income for students paying full tuition from the 5-year-old class and older. Applications will also be accepted and considered throughout the year on an "as needed" basis if financing becomes available.

Eligibility Criteria: The Advisory Board awards scholarships based on financial need. Deserving students will demonstrate the criteria listed below:

- Students must be in good academic standing in their respective grades and demonstrate positive contributions to their school environment, both academically and socially.
- Deserving students are those identified as students whose families do not receive tuition reimbursement from their sponsoring agency or an adequate overseas educational allowance.
- Students of current QSI Sarajevo staff are welcome to apply.
- Assistance is available to students in the 5-year-old class and above.
- Students and parents must be willing to sign a Code of Conduct.



**Maintaining Eligibility for Scholarships:**

- Students must maintain acceptable grades and make good progress in all subject areas. Students may not have two consecutive “D’s” (deficient in effort) on their status report during the year. If the student does not maintain acceptable grades, parents will be notified, and the student will be placed on academic probation.
- Student behavior and contribution to the social climate of the school must be consistently positive. Parents of scholarship recipients are expected to be actively involved and contribute toward the general welfare of the QSI community. Expulsion will result in immediate loss of scholarship.
- Both students and parents are expected to sign a Code of Conduct each year.
- Students must attend school regularly and excessive absences or tardiness will be grounds for referral to the Advisory Board for possible revocation of a student’s scholarship.
- The Director may present any student before the Advisory Board for possible revoking of a student's scholarship for poor academic or behavioral issues.
- The Director may place a student on probation while the scholarship is reviewed by the Advisory Board at their next scheduled meeting. In such cases, parents and students would be notified by the Director.
- Families must reapply each year to ensure commitment to the school and educational community.

**Scholarships for QSI Employees**

Direct dependents (daughters or sons) of QSI Employees may apply for scholarships, with the understanding that the QSI Scholarship eligibility and renewals are in effect for each QSI Employee’s child each year. QSI Employees will be required to follow their QSI contractual agreements along with additional volunteering with school-wide events and activities that go well beyond their contractual duties. If an employee discontinues working at QSI, that does not necessarily mean a loss of scholarship for the student.

Returning students who have already received a scholarship will have priority over new applicants. In all cases, the decision of the Advisory Board is final.

**I have read and clearly understand my obligation in receiving a QSI scholarship.**

\_\_\_\_\_  
*Signature of child (8YOC & up)*

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

\_\_\_\_\_  
*Parent / Caregiver Signature*

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

\_\_\_\_\_  
*Parent / Caregiver Signature*

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



## SCHOLARSHIP APPLICATION

**APPLICATIONS SUBMITTED WITHOUT SUPPORTING DOCUMENTS WILL NOT BE CONSIDERED.**

**TO BE ELIGIBLE FOR SCHOLARSHIP, A STUDENT MUST FIRST BE ACCEPTED TO THE SCHOOL. ENGLISH LANGUAGE INTERVIEWS, WRITING SAMPLES, AND PLACEMENT TESTS WILL BE ADMINISTERED FOR STUDENTS NOT CURRENTLY ENROLLED IN SCHOOL BEFORE ACCEPTANCE. THE DIRECTOR WILL MAKE ARRANGEMENTS WITH FAMILIIES FOR THESE TO HAPPEN AFTER RECEIPT OF APPLICATION.**

**(OFFICE) Date Application Received with All Supporting Documents.**           /        /       

### STUDENT DETAILS

First Name		Middle Name	
Family Name		Preferred Name:	
Gender	M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	Date of Birth:	
Grade applying for:		Grade last completed:	
Nationality:		Passport No:	

### EDUCATIONAL PROFILE OF STUDENT

Language spoken at home:		Native language:	
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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:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Program for gifted children | <input type="checkbox"/> Diagnostic testing | <input type="checkbox"/> Special tutoring    |
| <input type="checkbox"/> Special reading program     | <input type="checkbox"/> Speech therapy     | <input type="checkbox"/> Learning disability |
| <input type="checkbox"/> Counseling or therapy       | <input type="checkbox"/> Other              |  |

Does health affect the applicant's ability to participate in school programs? If YES, please explain.

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Do learning disabilities affect the applicant's ability to participate in school programs? If YES, explain.

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Additional comments:

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**QSI INTERNATIONAL  
SCHOOL OF SARAJEVO**

<https://sarajevo.qsi.org> | [sarajevo@qsi.org](mailto:sarajevo@qsi.org)

Alipasina #41  
7100 Sarajevo  
Bosnia & Herzegovina  
Phone: +387-33-424-450  
Fax: +376-33-424-471

## PARENT DETAILS

### Father or Guardian

### Mother or Guardian

Full Name \_\_\_\_\_

\_\_\_\_\_

Nationality \_\_\_\_\_

\_\_\_\_\_

Passport Number \_\_\_\_\_

\_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Phone \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

Employer / Co. Name \_\_\_\_\_

\_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_



**FINANCIAL NEED**

Tuition for the 2025-2026 school year will be \$25,900 USD. 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.

Registration Fee	\$300.00	New Students Only
Tuition	\$25,900.00	All Students
Capital Development Fund	\$1,600.00	Not Required

What percentage of the tuition can you pay? \_\_\_\_\_

What is the amount paid by a sponsoring agency? \_\_\_\_\_

What is your anticipated income for 2025? \_\_\_\_\_

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

If yes, please explain: \_\_\_\_\_

Does your family receive income from these assets?  Yes  No

If yes, please explain: \_\_\_\_\_



## PARENT QUESTIONNAIRE

How many years will the applicant attend QSI Sarajevo? \_\_\_\_\_

\_\_\_\_\_

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 QSI.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parents of scholarship students are required to personally contribute to the school community through participation and leadership of events. Suggested ways for guardians to be involved include taking part in the Parent Support Group, volunteering at Fall Festival, athletic events, and class activities, chaperoning field trips, or leading an afterschool activity. What can you, parents and family, offer the QSI community as part of your contribution to the school?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## VERIFICATION

Documentation must be provided to verify student academic and family-income information.

All documents must be translated into English.

### SUPPORTING DOCUMENTS

- 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.
- Document from a sponsoring agency, if any, validating its contribution to the cost of education.
- Two most recent salary statements
- Two most recent bank statements for all accounts
- Documents supporting amount and term of liabilities (mortgages, loans, rental agreements, etc.)
- Tax documents from all countries validating both parents earned and unearned income in 2024 and 2025 (if available).
- Student Self-Evaluation Form
- Student Questionnaire (Ages 11 and up)
- Student Conduct Evaluation (Must be completed by at least 2 current teachers)

### 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 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) I/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.

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

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



**STUDENT SELF-EVALUATION (Ages 11 and up)**

To be completed entirely by the student applicant:

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

Rate yourself with a checkmark 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					
Personal initiative					
Emotional maturity					
Reaction to setbacks					
Respect from faculty					

Additional Comments:

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

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



## STUDENT QUESTIONNAIRE (Ages 11 and up)

To be completed entirely by the student applicant:

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

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

Mathematics

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Science, including the number of lab periods per week

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Literature/English

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Foreign Language

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List the academic subjects of greatest interest to you and explain why they capture your interest:

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

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Tell us about yourself. What are some important events in your life or interests of yours that would help us to know you better.

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

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



## STUDENT CONDUCT EVALUATION

*(To be completed by at least 2 current teachers. \*\* The information shared by teachers will be handled with discretion and will be used solely for the internal purposes of the Advisory Board members.)*

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

Rate the student with a checkmark 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					
Personal initiative					
Emotional maturity					
Reaction to setbacks					
Respect from faculty					

Has this student experienced any discipline problems in your class? If yes, please elaborate.

\_\_\_\_\_

Would you describe this student as a respectful, positive and contributing member of your class? If no, please elaborate. \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return the completed Student Conduct Evaluation Form to [sarajevo@qsi.org](mailto:sarajevo@qsi.org). This form should not be returned to the student or their family.**