

APPLICATION FORM

Office Use

APPLICATION NO	REFERENCE NO	SUPPORT STARTED ON	CATEGORY

INSTRUCTIONS FOR FILLING THE FORM

- 1) CAPITAL LETTER ONLY
- 2) FILL ALL THE COLUMNS MANDATORY

STUDENTS DETAILS

Name	
Sex (Male/Female)	
Religion	
Nationality	
Age & Date of birth (dd/mm/yyyy) (As in the Birth Certificate)	
Class (1-12)	
Name of School	
Address For Correspondence : _____	City/Town :
	District :
	State :
	Country :
Permanent Address <ul style="list-style-type: none"> • If same as above mention Yes <input type="checkbox"/> or No <input type="checkbox"/> • If No specify below _____	Pin Code :
	City/Town :
	District :
	State :
_____	Country :
	Pin Code :
Phone Number:	
Phone Number of any of your relative or family friend for future reference:	
E-mail	

Name and Address of the School: _____ _____ _____	City/Town :
	District :
	State :
	Country :
	Pin Code :
Academic Performance (Grade : A+ , A, B, C, D)	
Co-curricular activities (if any)	
Name of the Class Teacher	
Mobile number/ landline	
E-mail (If any)	

FAMILY DETAILS

Father's name	
Education	
Occupation	
Monthly income	
If sick, Please give details	
If deceased, cause of death	
Mother's name	
Education	
Occupation	
Monthly income	
If sick, please give details	
If deceased, cause of death	
Living Status	with both parents/ with single parent/ with guardian/ institution
If with single parent/ with guardian/ institution mention the reason	
No. of siblings	
Other Earning Members	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes ,specify their monthly income	

MORE FINANCIAL DETAILS

Details of financial assistance received currently (If any)	
Relevant Information	
(1) House Status	<input type="checkbox"/> Own <input type="checkbox"/> Rented
If rented specify the rent per month	
(2) School fees of children	
(a) Applicant(Child 1)	
(i) School Fees per month	
(ii) Initial Deposit +Books (If applicable)	
(iii) Any other expense	
(b) Siblings	
(i) Child (2)	
Class	
School fees per month	
Any other expense	
(ii) Child (3)	
Class	
School fees per month	
Any other expense	
(iii) Child (4)	
Class	
School fees per month	
Any other expense	

Documents enclosed with the application

1. Self-attested passport size photograph.
2. Attested copy of mark list of student.
3. Copy of Address Proof of parent/guardian.
4. Recommendation Letter (*definite reason for recommendation should be mentioned*)

DECLARATION

I hereby declare that the information provided above is true to my knowledge. I guarantee my attendance for the orientation/ formation camps held in lieu of this project.

Signature of the parent/guardian
Date:

Signature of the student



Child Support

RECOMMENDATION LETTER

From

Mr./Mrs./Miss _____

Address _____

Pin Code _____

State _____ Country _____

Mobile _____ Phone _____

Email: _____

This is to introduce and recommend _____ [Full Name] who has requested for financial aid towards his/her education through the “Outreach – Child Support” project. I hereby state that I am well aware of his/her family and their living situation. I have known this family for the past _____ years/ months and as per my knowledge, I am certain that _____ will be able to fully develop his/her potential if given the right opportunities and support. I hope you will do the needful to assist him/her in this direction. You can contact me for any further information. Please find below the specific reasons for my recommendation:

- 1.
- 2.
- 3.

Name of the Student _____

Address _____

Pin Code _____

State _____ Country _____

Mobile _____ Phone _____

Email: _____

Yours Sincerely,

Date:
Place:

(Signature of the Recommender)