




## Student Scholarship Application Form

Applicant Information							
Nia Student ID (if available)					Date		
Full name					Date of Birth		
Address							
City				State			Pin Code
Phone				Email			
Scholarship Request							
Funds requested for (circle one)	9 <sup>th</sup> Std	10 <sup>th</sup> Std	11 <sup>th</sup> Std	12 <sup>th</sup> Std	Diploma	College-UG	College-PG
Major Subject				Medium of Instruction			
Accomplishments (attach supporting documents if necessary)				Any other Scholarship		Yes/No	
Amount required to continue education	Fees	Books	Uniform	Others 1	Others 2	Total	
Academic Information							
Name of School/College							
Address							
City				State			Pin Code
Phone				Email			
Name of School last attended							
Grades and marks							
Please fill in the appropriate boxes with grades and marks relevant to your level							
High school marks (%)	10th public exam			12th public exam			
	Semester 1	Semester 2	Semester 3	Semester 4	Semester 5	Semester 6	Semester 7
College grades (by semester)							

Family Information			
Father's name		Age	
Occupation		Annual Income	
Mother's name		Age	
Occupation		Annual Income	
Family's Income			
Highest Education level of all immediate family members			
Father		Mother	
Brother/Sister		Brother/Sister	
Brother/Sister		Brother/Sister	
Attachments			
<b>Required attachments</b> 1. Copy of family ration card 2. Copy of all appropriate referred under "Grades and marks" section (10 <sup>th</sup> , 12 <sup>th</sup> and each college semester) 3. Provide details of any other scholarship 4. Proof of college admission			
Student Declaration			
I declare that all information provided in this form and the attachments are true, correct, and complete to the best of my knowledge and belief.			
<b>Signature of student:</b>			
Student Name :		Date :	
Head of institution			
I verified all the information provided in this form and the attachments. I declare the information provided is true, correct, and complete to the best of my knowledge and belief.			
<b>Signature of Head of institution:</b>			
Name :		Date :	
Facilitator Declaration			
I verified all the information provided in this form and the attachments. I declare the information provided is true, correct, and complete to the best of my knowledge and belief.			
<b>Signature of facilitator:</b>			
Facilitator Name :		Date :	
Mailing Information			
<b>NIA India Office</b> Mr. Velu Murugan 73G/13B, Polepettai Tuticorin - 628 002			Phone (0461) 2346618 Fax (0461) 2347298 Email <a href="mailto:nia-india@nia-arayofhope.org">nia-india@nia-arayofhope.org</a>