

EDUCATIONAL ASSISTANCE APPLICATION FORM Date: ___/___/___

SECTION 1 PERSONAL DETAILS OF BENEFICIARY

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth: ___/___/___ Age: _____

Gender: (Mark applicable) Male Female Residence: Owned Rental

Address: _____

City/Town: _____ Dist. _____ State: _____

Pin Code: _____ Home #: _____ Mobile #: _____

Email: _____

Class/Course: _____ Institution/School Name: _____

Stick a recent passport size picture

SECTION 1 A FAMILY DETAILS

Relation	Name	Age	Qualification	Occupation	Monthly Earnings
Father					
Mother					
Brother					
Brother					
Sister					
Sister					

SECTION 1 B ACADEMIC DETAILS

Name of Course/Activity	Institution/School Name	Mark % &/or Achievement
1. 10 th – Standard		
2. 12 th – Standard		
3. First Year		
4. Second Year		
5. Third Year		
6. Extra Curricular		
7. Sports		

SECTION 2 APPEAL

Total Fee/Year: ₹ _____ Fee Paid: Yes No

Source of Funds: _____ assistance required: ₹ _____ Cheque favouring: _____

Are you getting assistance from any other source Yes No If yes, details _____

Any other Information: _____

REFERENCE: Give reference of two prominent persons in your locality (Your teacher/Professor/Doctor etc.)

Name	Address	Profession	Contact No.

SECTION 3 DOCUMENTS

LIST OF DOCUMENTS (Mark if Applicable) 1. Break up of Fees/Letter from School 2. Past two years' marks cards
3. Fee Receipt 4. Family Income Proof

SECTION 4 ACKNOWLEDGEMENT AND DECLARATION

ACKNOWLEDGEMENT

In order to help other eligible students, do you agree to pay back the Scholarship amount sanctioned to you by Menda Foundation? If yes, please sign below. By doing so you acknowledge the fact that you will return the sanctioned money back to the Foundation once you are gainfully employed.

Date: __/__/____

Signature _____

DECLARATION

I hereby certify and confirm that the above mentioned details and support documents are true, genuine to the best of my knowledge and that there is no discrepancy.

Date: __/__/____

Signature _____

SECTION 5 FOR OFFICE USE

For Office Use only

Recommended for Sanction Not Recommended for Sanction

Remarks: _____

Amount Recommended for Sanction: ₹ _____

Recommended by
(Signatory)

Sanctioned by
(Signatory)

Disbursed by
(Signatory)