

Special Need Based Scholarship Application Form

SPECIAL NEED BASED SCHOLARSHIP PROGRAM aims to extend financial aid to students who are facing financial constraints in meeting their educational expenses. Eligible candidates will be granted a scholarship up-to 90% tuition fee.

Applicant's Information:

Name:	Gender:	CNIC # —	
Father/Guardian Name:		Father/Guardian CNIC #	
Applicant's Relationship w	rith Gurdian:		
		Applicant Cell#	
UMT-ID/Ref#	Program:	Father/Guardian cell# ———————————————————————————————————	
	erent from residential)		
Email :			
Family Background (Con Note: Fill attentively and n	npulsory Information): nention all the information re	equested.	
Area of house (e.g How ma	any Marlas)?		
Rooms in House:			
Do you own it independen	tly or it's a rental property, o	or any other situation? (e.g living with	
some relative, inherited sha	ared etc)		
How many family member	s do you have: (Details of pa	arents / siblings / other members?)	
Who is the earning hand in	your family? What is his / l	ner occupation?	



How many dependents are the	ere in your family?		
Any Additional Information (If you wish to mention):		
Family Income:			
Relation	Monthly Income	Employ	yer(s)/ Details
Father/Guardian			
Mother/ Brothers/Sisters			
Any Other Source of Income			
Property (If Any)			
Vehicles (If Any)			
Assets or Investment (If Any)			
Combined Monthly Income			
	EXPENSE	S	
Туре			Monthly Amount/Bill
Telephone (Landline)/ Mobi	le		
Electricity/ Gas/ Water			
Rents /traveling			
Grocery			
Monthly Fee of other sibling Details of Sibling 1 Details of Sibling 2 Details of Sibling 3	s (if applicable)		
Total Expenses Estimated			



Documents Checklist

Please submit necessary documents to support the information you have provided in the application. It is applicant's responsibility to provide accurate information about all income earned by the family and property owned by the family, as at the time of application.

An application can be rejected if the application does not include the information or documentation necessary to process the case. Before submitting the application, please ensure that you have attached copies of the following documents:

Documents	Yes/No
Copies of Matric and Intermediate results	
Copies of CNIC/B – Form of Applicant and Parents/ Guardian	
Family Registration Certificate (FRC) by NADRA	
Copy of Father's and/or Mother's Death Certificate (if applicable)	
Copies of Utility Bills (Electricity, Gas, Water, land line or any other)	
Source of Income certificate e.g latest salary slip of parent/guardian etc., or any other proof e.g affidavit of income, bank statement of last 6 months	
Divorce Certificate (if applicable)	
House rental deed (if applicable)	
Siblings' proof of studentship/fee e.g. results/fee voucher etc (if applicable)	

Applicant signatures

By signing below, I confirm that I	
, ,	have read, understood and accepted the rules governing
	ARSHIP PROGRAM which may be changed without prior
intimation, and that all the informat	tion submitted with this application is true. If information
provided by me is found incorrect at	any stage, my scholarship will be cancelled and I will refund
the full fee.	
Date:	Signature:
	For Official Use Only
	For Official Use Only
Decision of scholarship %age —	For Official Use Only