EDUCATION INITIATIVE TRUST

REGISTRATION NO: E-27164 (MUM) PAN: AAATE3809M

Regd. Office: Gilbert Building, Babulnath, 2nd Cross Road, Mumbai - 400 007

Application Form for Financial Aid

Instructions:

- 1. This application form should be completed with necessary details and should be submitted with the Admission Form to the IBDP office.
- 2. All information submitted in this form must be correct. Applications with incorrect information or misrepresentation of facts will be disqualified.
- 3. Any additional information may be attached in a separate note.

Please attach the following:

- Recent passport size photograph
- Salary slip of earning members of family
- Income tax returns of last three years along with complete computation details.
- Proof of annual school fees paid in 2016-17

STUDENT DETAILS:

Name:	 	 	 	
Date of Birth: _	 	 	 	
Address:	 	 	 	

EDUCATION DETAILS:

Name of current school: ______ Class: _____ Annual fees paid to school in 2016-17: ______

School(s) attended previously, if any:

Schools attended	Classes	Address

FAMILY DETAILS:

Mother's name:
Education:
Dccupation:
Name of Organization/Employer:

Father's name: _	 	 	
Education:	 	 	
Occupation:	 	 	

Name of Organization/Employer: _	
----------------------------------	--

Sibling's name:
Age:
Education:
School / College:
Annual fees being paid:
Occupation (if applicable):

FINANCIAL INFORMATION:

Father's annual income (pre-tax): ______

Mother's annual income (pre-tax): _____

Income from other sources (Rent, interest, investments, others):

Combined gross annual income of the family: _____

Is your residence owned or rented?

Number of homes owned by parents: ______

What is the make and year of manufacture of vehicle(s) owned by you?

PERSONAL DECLARATION

I/ We hereby declare that the information provided by us in this application is correct.

I/ We understand that providing false or misleading information may result in cancellation of the scholarship.

Signature of Parent / Guardian: _____

Name of Parent /Guardian: _____

Relationship with the applicant: ______

Date: _____