



APPLICATION FORM FOR YOUNG WOMEN IN SCIENCE SCHOLARSHIPS 2016

A. FULL NAME OF APPLICANT										
B. ADDRESS:	Contact No:					C. Date of Birth : (Please attach proof of age)				
	Mobile Tel:									
	Mother/Father's Office Tel					Age :				
	E-mail ID:					Place of Birth :				
D. PARTICULARS OF APPLICANT'S	<i>Name</i>			<i>Age</i>	<i>Occupation & Name of Employer or if student, name of school/college</i>				<i>Gross Annual Income</i>	
FATHER :										
MOTHER :										
BROTHER/SISTER :										
BROTHER/SISTER :										
E. QUALIFICATIONS OF APPLICANT:										
10 th Standard passed in (month & year):					12 th std passed in (month & year):					
CGPA/Board % obtained:					Marks & %: <input type="checkbox"/> PCM, <input type="checkbox"/> PCB; Total. Marks: _____ ; %: _____					
Board name (Central/State):					Coaching class attended:					
Name of last school attended :					Name of school/junior college:					
					Board name (Central/State):					
					Name of college principal:					
					& Contact number:					
F. Languages known:			Mother tongue:			Medium of education in school:				
G. PREFERRED COURSE OF STUDY (tick whichever is applicable):										
<input type="checkbox"/> Engineering, <input type="checkbox"/> Medical, <input type="checkbox"/> Ayurveda <input type="checkbox"/> Dentistry <input type="checkbox"/> Biotechnology <input type="checkbox"/> Bioengineering <input type="checkbox"/> Life Sciences <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other (please specify)										
H. Please tell us about yourself, why have you decided to pursue the chosen course of study, what do you know about it, and how this scholarship will help you. This should be <u>handwritten by the applicant</u> (not more than 600 words on a separate sheet)										
I. SCHOLARSHIP/ PRIZES/AWARDS you have received , indicating type, duration, value and bond (if any):										
J. HOW DID YOU COME TO KNOW ABOUT THIS SCHOLARSHIP?										
<input type="checkbox"/> College poster			<input type="checkbox"/> Newspaper (if yes, name of newspaper)			<input type="checkbox"/> Friend		<input type="checkbox"/> Buddy4Study		
<input type="checkbox"/> Other (please specify)										
K. EXTRA-CURRICULAR ACTIVITIES/SPORTS										
<u>Type of activity</u>						<u>Level of participation</u>				



Please read the under mentioned instructions and terms and conditions carefully: -

1. This Scholarship is only for **Girl** students desirous of pursuing degree course in science/medical/engineering/biotechnology or any other scientific field, in a recognized institute in India, who satisfy all the under mentioned conditions: -
 - (a) The Candidate should have passed 12th standard examination from India during the Academic Year ending 2016
 - (b) The Candidate should have obtained a minimum of 85% marks in PCB/PCM
2. The Scholarship will be granted to successful Candidates selected by L'Oréal India Private Limited at its sole discretion. The decision of L'Oréal in that respect shall be final and L'Oréal will not entertain any correspondence with regard to the reasons for non-selection of candidates.
3. Candidates should submit this form duly completed in all respects in a sealed envelope clearly mentioning "SCHOLARSHIP" on the top left hand corner of the envelope. The envelope should be addressed to : **L'Oréal FYWIS Scholarships, Buddy4Study, 1st Floor, A-75, Sector-58, Noida, Uttar Pradesh, 201301** so as to be received at the aforementioned address on or before July 10th 2016. None of the items in the application form should be left blank. In case any item is not applicable to the Candidate, "N.A" should be indicated against that item.
4. The candidate shall enclose the under mentioned documents along with the application form: -
 - (i) Attested copy of proof of age
 - (ii) Proof of parents income (certificate from a government body e.g. income certificates/salary slip) or Form 16
 - (iii) Attested copy of 10th Standard mark sheet
 - (iv) Attested copy of 12th Standard mark sheet or copy of C.E.T mark sheet (if applicable)
 - (v) **An essay (not more than 600 words)** about yourself and why you have decided to pursue the chosen course of study and how the scholarship will help you, which is to be handwritten by yourself.

All documents submitted shall become the property of L'Oréal and will not be returned under any circumstances.

5. Shortlisted candidates and her parents will be called to attend **an interview** in Mumbai/Gurgaon/Bangalore/Hyderabad/Kolkata (based on the proximity of the candidate) **at their own cost**. The interview will be conducted by a jury consisting of L'Oréal representatives and other eminent members of the scientific/academic communities.
6. Under the Scholarship L'Oréal will pay a scholarship amount of Rs. 250,000 granted in equal annual installments over the period of the degree of study, subject to the submission of proof of the candidate passing each year.
7. In the event the candidate abandons and/or discontinues the course for which scholarship is awarded, the candidate and her parents shall be jointly and/or severally liable to refund the entire aggregate amount paid and/or deposited by L'Oréal towards the fees till that date.
8. If at any point of time during the period of scholarship or even later it is found that any of the particulars mentioned in the form are/were false and/or misleading or that the candidate has willfully suppressed any material facts, L'Oréal will be at liberty to withdraw this scholarship and the consequences with regard to refund as mentioned in clause (7) above shall follow.
9. The candidate hereby acknowledges that L'Oréal does not commit or intend to employ any of the successful candidates.
10. The Scholarship will be handed over only **AFTER** proof of admission in original on the Institution's letterhead is submitted to L'Oréal.



Please provide 3 CHARACTER REFERENCES: Give particulars of 3 references (friends, neighbors, or teachers). They should be responsible persons who know you well.

Name :

Name :

Name :

Address :

Address :

Address :

Tel No : (compulsory).

Tel No : (compulsory).

Tel No : (compulsory).

Occupation :

Occupation :

Occupation :

DECLARATION

All the undersigned persons hereby declare that the information and the documents furnished in/ alongwith this Scholarship Application Form is true and correct and that we have not withheld any relevant/material particulars/information.

We have read and understood the terms and conditions and the instructions applicable to this Scholarship and agree to be bound by the same at all material times. We agree that L'Oréal has unfettered right to reject this application and also to revoke this Scholarship, if granted, in the event to our committing any breach of the terms and conditions or instructions.

We have read and understood the criteria laid down by L'Oréal for the scholarship and declare that the first of us (candidate) is eligible to apply for the same.

We declare that if our application is granted, we shall be bound by all the terms and conditions.

We acknowledge that L'Oréal reserves the right to discontinue this Scholarship at any time without any notice to us and it shall not be held liable for any consequences thereof.

Name & Signature of Applicant (candidate)

Date

Name & Signature of Applicant's mother

Date

Name & Signature of Applicant's father

Date