



Baglung Sewa Samaj, Canada

"Working Together"

Scholarship application form

PHOTO

1. Student's Informations:

Name of the Student: _____

Age _____

Sex: Male Female

Name of the School and Location: _____

Grade: _____

Residential Address: _____

District: _____ Municipality/VDC: _____ Ward No: _____

Village/Tole _____ Phone No(If any): _____

2. Family Informations:

Father's Name: _____

Mother's Name: _____

Parents Phone No (If any) : _____

Number of Children in family: Boy(s) _____ Girl(s): _____

Parent's occupation: _____ Annual Income: Rs. _____

Number of children going to School: Girl(s): _____ Boy(s): _____

Applicable cost for per child for schooling: Rs. _____

3. Estimated cost calculation per child:

i) Admission Fee: _____ Exam fee (estimated annual total): _____

ii) Books and stationery materials (estimated annual total): _____

iii) Uniform (1 pair): _____

iv) Others: _____

Declaration

I hereby confirm that all the information provided above is true and correct based on my knowledge.

Signature of student or parent _____

Date: _____



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Form to be filled and signed by the School or committee members

Committee will have to give correct information regarding students' Academic and behavioural standing:

Name of the student: _____ Grade: _____

Name of the school: _____ Date: _____

1. Is student willing to continue study?
actively willing willing less willing
2. Rate student's participation.
active average poor
3. Is he/she interactive?
highly interactive interactive less interactive
4. What problem him/her to continue education? (you can check one or more as applies)
attitude problem financial problem family issues
5. How do you rate the student's overall progress in the past?
excellent good average below average
6. Do you believe scholarship granted by Baglung Sewa Samaj, Canada (BSSC) helps continue his/her academic performance?
strongly believe believe can't say
7. Is he/she truly genuine for scholarship?
strongly agree agree

Recommendation/selection/monitoring committee

1. Name _____ Phone No _____

Position _____ Signature _____

2. Name _____ Phone No _____

Position _____ Signautre _____

3. Representative of BSSC: _____ Phone No _____

Signatuer _____