



## Scholarship Application Form for BRAC Scholarship Program

**Semester: Spring/Summer /Fall .....**

***To be filled by applicant (Incomplete applications will not be considered, please write clearly)***

### Section A. Personal Information of Applicant (As per Certificates):

A1	Surname			
Fi	Given Name			
A3	Date of Birth (dd/mm/yyyy)			
A4	Sex	Male <input type="radio"/>	Female <input type="radio"/>	
A5	Current Contact Address			
		Country:		
A6	Nationality			
A7	National ID			
A8	Contact Numbers (Please fill this in as we will contact you through this number if you are shortlisted)	Name of contact person/owner	Relationship with contact person (write "own" if your number)	Telephone/ Cell phone Number
	Telephone/Cell phone Contact 1			
	Telephone/Cell phone Contact 2			
A9	Who currently supports your educational costs? Tick as many as applicable for you.	<input type="radio"/> Myself	<input type="radio"/> Father	<input type="radio"/> Scholarship
		<input type="radio"/> Mother	<input type="radio"/> Foster Parents	<input type="radio"/> Other

## Section B. Household Information:

B1	Details of your Income (If you finance your study):	B1	Your Occupation: _____ Monthly Income: _____
B2	Father's Name:	B2	Is he alive? Yes <input type="radio"/> No <input type="radio"/>
B3	Father's Education:	B3	Father's Occupation: _____ Monthly Income: _____
B4	Mother's Name:	B4	Is she alive? Yes <input type="radio"/> No <input type="radio"/>
B5	Mother's Education:	B5	Mother's Occupation: _____ Monthly Income: _____
B6	Who do you live with? Both Parents <input type="radio"/> Mother Only <input type="radio"/> Father Only <input type="radio"/> Foster Parents <input type="radio"/>		
B7	Name (If living with foster parents/guardian):		
B8	Occupation (If living with foster parents/guardian):		
B9	Number of earning members in your family <input type="checkbox"/> More than 2 <input type="checkbox"/> 2 <input type="checkbox"/> 1		
B10	Monthly income of you/your family in USD (Please mark the box) <input type="checkbox"/> Less than \$ 100 <input type="checkbox"/> \$ 200- \$ 300 <input type="checkbox"/> \$ 300- \$ 400 <input type="checkbox"/> \$ 400- \$ 500 <input type="checkbox"/> \$ 500- \$ 1000 <input type="checkbox"/> \$ 1000- \$ 2000 <input type="checkbox"/> \$ 2000- \$ 3000 <input type="checkbox"/> \$ 3000- \$ 4000 <input type="checkbox"/> \$ 4000- \$ 5000 <input type="checkbox"/> \$ More than \$ 5000		
B11	Please mention the accurate your/family income In your local currency _____/per month or, USD _____/Per Month		
B12	Have you benefited from any sponsorship before? Yes <input type="radio"/> No <input type="radio"/>		
B13	If yes, Name the Sponsor _____		

B14	Are you still receiving support from this sponsor?      Yes <input type="radio"/> No <input type="radio"/>
B15	If no, why not? _____

### Section C. Status of Applicant:

C1	Do you have any form of disability?      Yes <input type="radio"/> No <input type="radio"/>
C2	If yes, What form of disability? _____
C3	How many brothers and sisters do you have? _____
C4	Number of dependent members in your family <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> more than 6
C5	How many of them are studying? _____
C6	Are any of your brothers or sisters BRAC Scholars?      Yes <input type="radio"/> No <input type="radio"/>
C7	If yes, write their full name: _____

### Section D. Academic Information (*This section is mandatory, fill it for your application to be considered. Remember to write everything clearly*)

#### D1. Education:

Program Attended	Passing Year	Group	Institution/University	Division / Class / %	Marks / CGPA
Secondary Education/ 10 <sup>th</sup> Grade / O-Levels					
Higher Secondary Education / 12 <sup>th</sup> Grade Education / A-Levels					
Bachelors / Undergraduate					

<b>D2</b>	How did you learn about the BRACU Scholarship Program? <input type="radio"/> Radio <input type="radio"/> Newspaper <input type="radio"/> Poster <input type="radio"/> BRAC Staff  <input type="radio"/> School <input type="radio"/> Friend/word of mouth <input type="radio"/> Other, Specify _____
<i>I declare that all the information provided here is true and accurate to the best of my knowledge, and I have read and understood the note to applicants below:</i>	
<b>Applicant:</b>	<b>Endorsed by parent/guardian</b>
Signature and Date _____ / ____ / ____	Signature and Date _____ / ____ / ____
Name: _____	Name: _____

<b>Supporting Documents (Please attach all available forms of documentation, if applying for financial aid)</b>		
Income tax certificate/acknowledgement receipt, issued by proper tax authority, with official stamps on it, indicating tax paid in the last 3 tax years	<input type="checkbox"/> Attached	<input type="checkbox"/> Unavailable or N/A
If service holder, employer statement of most recent salary & other benefits/salary slip	<input type="checkbox"/> Attached	<input type="checkbox"/> Unavailable or N/A
If doing business, submit trade license & self-income declaration. If retired, indicate relevant retirement benefit documents	<input type="checkbox"/> Attached	<input type="checkbox"/> Unavailable or N/A
Bank Statements for last one year	<input type="checkbox"/> Attached	<input type="checkbox"/> Unavailable or N/A
Agricultural income, rental income & other income, submit rental income/agreement/money receipt/other supporting documents as applicable	<input type="checkbox"/> Attached	<input type="checkbox"/> Unavailable or N/A
Other income (any documents you think will help us assess your family's financial position)	<input type="checkbox"/>	<input type="checkbox"/>

**\*\*\*If any of the items above checked "Unavailable or N/A," please provide a "Sworn Statement" of valid reason(s) signed by parent(s) in a separate page. (Please write student's name on all additional/supporting documents submitted with this form).**