



Inspiring Excellence

Scholarship Application Form for BRAC Scholarship Program

Spring-2022

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 | <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Fi | Given Name | <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone/Cell phone Contact 2 | | | | | | <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A9 | Who currently supports your educational costs? Tick as many as applicable for you. | <input type="radio"/> Myself | <input type="radio"/> Mother | <input type="radio"/> Father | <input type="radio"/> Foster Parents | <input type="radio"/> Scholarship | <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 · More than 2 · 2 · 1 | | |
| B10 | Monthly income of you/your family in USD (Please mark the box) · Less than \$ 100 · \$ 200- \$ 300 · \$ 300- \$ 400 · \$ 400- \$ 500 · \$ 500- \$ 1000 · \$ 1000- \$ 2000 · \$ 2000- \$ 3000 · \$ 3000- \$ 4000 · \$ 4000- \$ 5000 · \$ 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 · 1-3 · 4-6 · more than 6 |
| C5 | How many of them are studying? _____ |
| C5.a | Are any of your brothers or sisters BRAC Scholars? Yes <input type="radio"/> No <input type="radio"/> |
| C5.b | 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/Board/University | Division/Class | Marks/CGPA without 4 th Subject |
|------------------|--------------|-------|------------------------------|----------------|--|
| SSC/ O Level | | | | | |
| HSC/ A Level | | | | | |
| Others | | | | | |

| | |
|--|--|
| D2 | 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> | |
| Applicant: | Endorsed by parent/guardian |
| Signature and Date _____ __ / __ /2020 | Signature and Date _____ __ / __ /2020 |
| Name: _____ | Name: _____ |

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

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.)