TAKE SEVA TRUST

.... empowering lives through compassion, education & services

www.takeseva.org

STUDENT SCHOLARSHIP APPLICATION FORM

(Fill this form, Scan & Send by E-mail to: takesevatrust@gmail.com)

Personal Details

Name of Student:_____ Date of Birth:_____

Adhaar No.:_____ Mobile No. _____ Gender: _____

Father's Name: _____ Mother's Name: _____

Father's Occupation: _____ Mother's Occupation: _____

Total Annual Income: ☐ < 1 lakh ☐ 1-5 lakhs ☐ > 5 lakh

Residential Address: _____

District: _____ State: _____ E-mail ID: _____

Number of School Going Brothers + Sisters (Till Class 12th): _____

Educational Details

Name of School / College / University:_____

Address of School / College / University: _____

Present Class:_____ Academic Year: _____

Previous Class Exam: _____ Roll No.: _____Percentage Marks: _____

Scholarship Requested (Please tick in Box. Please cross "Expected" or "Actual" wherever necessary)

☐ Tuition / Admission Fee Fee per month:_____

☐ Books & Study Material Expected / Actual Amount:_____

☐ School Uniform / Bag Expected / Actual Amount:_____

☐ Any Other Fee: _____ Expected / Actual Amount:_____

Briefly explain why you require financial assistance:_____

_____

Bank Details for Transfer of Fund

Name of Account Holder:_____ Bank Name:_____

Account Number:_____ IFSC Code:_____

Declaration by Student/Parent/Guardian

I hereby declare that the information provided in this application is true and correct to the best of my knowledge. I agree to abide by the TAKE Seva Trust's Scholarship terms, and use the scholarship solely for educational purposes.

Place: _____ Signature of Student: _____

Date: _____ Signature of Parent / Guardian: _____

FOR OFFICE USE ONLY

Application No.: _____ Date Received: _____ Credentials Verified: ☐ Yes ☐ No

Scholarship Amount Approved: ₹_____ Approval Date: _____

Mode of Payment: ☐ Bank Transfer ☐ Cash ☐ Other_____

Remarks:_____

Signature of Office Bearer(s) with Date