



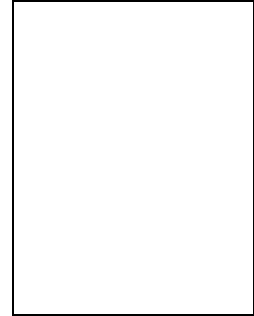
drökmö

## 2018 Girls Scholarship Program Application Form

Applicant's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

City & Country of Birth: \_\_\_\_\_



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### If Born in Tibet:

1. a. Do you have any close family or relatives outside Tibet providing financial support?  
Yes No
  
- b. Do you receive financial support from your family in Tibet?  
Yes No
  
2. Will you be receiving financial support in the next four years from:
  - a. Your school Yes No Not sure
  - b. Sponsors Yes No Not sure
  - c. CTA Yes No Not sure
  
3. If you answered 'Yes' to questions 1b/2, please specify the amount of financial support you expect to receive annually in Indian Rupees: \_\_\_\_\_

### If Born in India/Nepal:

1. Are you: Orphan Semi-orphan Being raised by a single parent
  
2. Parents' occupations:  
Mother \_\_\_\_\_ Father \_\_\_\_\_

3. Parent's educational qualifications:

Mother \_\_\_\_\_

Father \_\_\_\_\_

4. Parents' monthly income in Indian Rupees: \_\_\_\_\_

5. Do you expect to receive financial support from your school/sponsors/CTA in the next four years? Yes No Not sure

6. If yes, please specify the amount of financial support you expect to receive from your parents/sponsors/CTA annually in Indian Rupees: \_\_\_\_\_

**Green Book Details:**

GB Number	Date of Issue	Place of Issue	Valid Until

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Pin: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate mobile number \_\_\_\_\_

Name of Parent/Local Guardian (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Pin: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate mobile number \_\_\_\_\_

How many siblings do you have? \_\_\_\_\_

Name of Sibling (1) : \_\_\_\_\_

Educational Qualification: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Sibling (2) : \_\_\_\_\_

Educational Qualification: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Sibling (3) : \_\_\_\_\_

Educational Qualification: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Sibling (4) : \_\_\_\_\_

Educational Qualification: \_\_\_\_\_

Occupation: \_\_\_\_\_

Please list your chosen fields of study:

Option 1 \_\_\_\_\_

Option 2 \_\_\_\_\_

Option 3 \_\_\_\_\_

Please list the names of any and all institutions you plan to apply to:

Option 1 \_\_\_\_\_

Option 2 \_\_\_\_\_

Option 3 \_\_\_\_\_

Have you applied for other scholarships? Yes No

*If yes, please specify all:*

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**Academic Qualifications:**

Name of School	Grade	Examination Board	Year of Completion	Percent/Grade Achieved
	10			
	12			

Name of Recommender (1): \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Pin: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Recommender (2): \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Pin: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_



