



2024 TIBETAN GIRLS SCHOLARSHIP PROGRAM (APPLICATION FORM)

A) Personal Details

Applicant's Full Name: _____

Date of Birth: ____/____/____

City & Country of Birth: _____

Green Book Details:

GB Number	Date of Issue	Place of Issue	Valid Until

Affix recent
photograph

Permanent Address: _____

City: _____ State: _____ Pin: _____

E-mail: _____ Phone: _____

Name of Parent/Local Guardian (if applicable): _____

Address: _____

City: _____

State: _____

Pin: _____

E-mail: _____ Phone: _____

2024 TGSP APPLICATION FORM

8. Does anyone in your family suffer from a chronic illness or disability?

Yes No

If yes, provide details about the illness or disability. Mention any support received from CTA or other sources.

B) Education

Academic Qualifications:

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

Please list your chosen fields of study:

Option 1 _____

Option 2 _____

Option 3 _____

Please list the names and locations of institutions you plan to apply to or have applied to:

Option 1 _____

Option 2 _____

Option 3 _____

Have you applied for other scholarships? Yes No

If yes, please specify all:

D) Recommendations

Name of Recommender (1): _____

Relation with the student: _____

School/Institution/Settlement: _____

E-mail: _____ Phone: _____

Name of Recommender (2): _____

Relation with the student: _____

School/Institution/Settlement: _____

E-mail: _____ Phone: _____

I hereby assure that all of the information provided in the form is true and correct to the best of my knowledge.

Full Name

Signature

Date