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THE TIBET FUND

2026 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

A
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: _____

1. Were you born in Tibet?

☐ Yes ☐ No

2. Are you an orphan?

☐ Yes ☐ No

3. Are you a semi-orphan

☐ Yes ☐ No

4. Were you raised by a single parent?

☐ Yes ☐ No

5. Parents' occupations:

Mother _____

Father _____

6. Parent's highest educational qualifications:

Mother _____

Father _____

7. Where does your family live?

☐ Rented house/apartment ☐ Own house/apartment

8. How many siblings do you have? _____

Please list their ages, educational qualifications and occupations:

Age	Educational Qualification	Occupation	With scholarship/without scholarship/educational loan (Applicable to college going student)

9. 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:

C) *Personal Statement*

Please answer the following questions about 100 words per question

- 1. Tell us more about yourself and your family.**

2. Why do you think you are a deserving candidate for the Tibetan Girls Scholarship Program?

3. Why did you choose the above field of study?

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.

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Full Name

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Signature

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Date