



## [Pak USAID Merit and Needs based Scholarship Program]

Scholarship is based on assessment of need and merit as well as availability of funds. Selection will be decided on the basis of information provided in this form and investigations for the authentication of provided information. Candidate may be required to appear for interview(s).

INSTRUCTIONS FOR FILLING OUT THE SCHOLARSHIP APPLICATION FORM:

| 1. | Fill in the form using black ball point pen and write in capital letters and leave space between words | 7.  | Check your application for spellings, grammatical errors and factual oversight                     |  |  |  |
|----|--|-----|--|--|--|--|
| 2. | Read the application form carefully  | 8.  | Keep a photocopy of the filled-in original   |  |  |  |
| 3. | Before filling the original form make photocopy and fill it  |     | application form for your record   |  |  |  |
|    | first  |     | Ensure that you have attached all the required   |  |  |  |
| 4. | 4. Submit duly completed application form to the   |     | documents by putting a tick mark in checklist  |  |  |  |
|    | Financial Aid Office along with supporting documents   |     | 10. Answer all questions. <u>Those not applicable should</u>                                       |  |  |  |
| 5. | Furnish factual, comprehensive and authentic   |     | be marked "N/A"  |  |  |  |
|    | information in the form  | 11. | Affidavit Needs to be submitted after final selection  |  |  |  |
| 6. | Whenever in doubt or lost, seek help from the Financial<br>Aid Office                                  |     | of the candidate. For family financial reporting<br>parents/guardian may be consulted for guidance |  |  |  |

De

Family: Father, mother(s), brother(s), sisters(s), Grandparents etc.

Pucca House: A pucca house is one, which has walls and roof made of the following material.

Wall material: Burnt bricks, stones (packed with lime or cement), cement concrete, timber, ekra etc

Roof Material: Tiles, GCI (Galvanised Corrugated Iron) sheets, asbestos cement sheet, RBC, (Reinforced Brick Concrete), RCC (Reinforced Cement Concrete) and timber etc.

Kutcha House: The walls and/or roof of which are made of material other than those mentioned above, such as un-burnt bricks, bamboos, mud, grass, reeds, thatch, loosely packed stones, etc. are treated as kutcha house.

Semi -Pucca house: A house that has fixed walls made up of pucca material but roof is made up of the material other than those used for pucca house.

Dependent Family Member: A family member is dependent if, he/shedependents upon applicant father/guardian to meet his/her basic needs (food, clothing and shelter)

| Do   | Donot   |
|--|---|
| <ol> <li>Send your application by post or submit by hand to the admission office or focal person.</li> <li>Place documents in right .Put all amounts in Pak Rs.</li> <li>Do consult with parent(s)/guardian(s) for financial data accuracy &amp; reliability</li> <li>For the information not present/relevant write in capital letters N/A</li> </ol> | <ol> <li>Please don't overwrite/scratch on the form.</li> <li>Please do not send scholarship application directly to</li> </ol> |

# Pak USAID Merit and Needs based Scholarship Form



#### 1. General Information University Name Degree Graduate 🗆 Undergraduate 🗆 Discipline Engineering 🗆 Medical 🗆 Business 🗆 Agriculture 🗆 Veterinary Sciences 🗆 Social Sciences 🗆 : Sub Discipline Click here to enter text. Current Semester **Program Duration** 2. Applicant information Candidate Name Gender $Male \square Female \square$ Father Name University registration No **CNIC Number** Marital Status Single □Married□ Divorced□ Date of Birth Age (dd/mm/yyyy) Nationality Domicile [District Name, Province] Tehsil Mobile No Email Telephone (Area Code-Number) 3. Address Present Address [H no, St No, MohallahCity, Country) Permanent Address

Postal Address

| 4. Previous Education of the Applicant |                            |                        |   |               |                         |  |
|--|----------------------------|------------------------|---|---------------|-------------------------|--|
| Level of Study                         | Name of the<br>Institution | Type of<br>Institution | Start- End Date   | Per Month Fee | Division/ GPA/<br>Grade |  |
| Secondary School Certificate           |                            | Public□<br>Private□    | Click here to enter a<br>date.<br>To Click here to enter a<br>date. |               |                         |  |
| Intermediate                           |                            | Public□<br>Private□    | Click here to enter a<br>date.<br>To Click here to enter a<br>date. |               |                         |  |
| Bachelors                              |                            | Public 🗆<br>Private 🗆  | Click here to enter a<br>date.<br>To Click here to enter a<br>date. |               |                         |  |
| Masters                                |                            | Public□<br>Private□    | Click here to enter a date.<br>To Click here to enter a<br>date.    |               |                         |  |

| Father Status   | Alive $\Box$ Deceased $\Box$ Separated $\Box$ (if                   | Professional   | Working $\Box$ Not Working $\Box$ Retired  |
|---|---|--|--|
| [Please attached the death<br>certified in case of applican<br>Father is expired]   | deceased please share date of demise                                | Status (if alive]  |  |
| Father CNIC   |   | Profession   | Public /Government Job 🗆   |
|   |   | [if working]   | Private Sector Job 🗆 Business 🗆 Farmer 🗆<br>Laborer 🗆 Other 🗆 Detail in case of<br>OtherClick here to enter text.                              |
| Father/Guardian's<br>Employer Name  |   | Address of<br>Employer   |  |
| [If working, Name of<br>Company / Employer, in<br>case of Retd Please share<br>last organization]                                 |   | [Address, City,<br>Country,)   |  |
| Father/Guardian<br>Designation  |   | Mobile Number&<br>Telephone  |  |
| [Please do mentioned the<br>Grade in Case of Public<br>Sector Organization, in case<br>of Retd Please share last<br>designation ] |   | [Area Code-Number]   |  |
| Father/Guardian NTN<br>Number and Tax paid  |   | Financial Support Mother(s)  Brother(s)  Sister Un other than father  Aunt(s)  Other  Not Applicabl Income[Please check the relevant boxes ] |  |
| [Please attached the Latest<br>tax return ]   |   |  |  |
| Mother Status   | Alive□ Deceased□ Separated□ (if                                     | Mother Status:   | Working 🗆  |
| [Please attached the death<br>certificate]  | deceased please share date of demise<br>Click here to enter a date. |  | Not Working 🗆  |
| Marriage Relationship   | Combined □ Separated□   | Mother<br>Profession<br>[If working]   | House wife Private Sector Job Business<br>Farmer Laborer Tailoring Not applicable<br>Other Detail in case of OtherClick here to<br>enter text. |

| 6. Family Members          |                             |  |
|----------------------------|-----------------------------|--|
| Total Family Members       | Dependent<br>Family Members |  |
| Total Earning<br>Member(s) | Family Member<br>Studying   |  |
| No of Brother(s)           | No of Sister(s)             |  |

| 7. Family Income (Add extra sheet if required)                                  |            |   |                                |              |  |
|---|------------|---|--------------------------------|--------------|--|
| Name of earning person  | Profession | Financially<br>supporting the<br>family | Relationship with<br>Applicant | Gross Income |  |
|   |            | Yes No                                  | Relationship.                  |              |  |
|   |            | Yes No 🗆                                | Relationship.                  |              |  |
| Yes No C Relationship.  |            |   |                                |              |  |
| Total   |            |   |                                |              |  |
| Please attached the Latest Salary Slip\income certificate with application Form |            |   |                                |              |  |

| Name  | Relationship<br>with<br>Applicant | Institution Name | Class | Per Month<br>Education<br>Expenditure |
|---|-----------------------------------|------------------|-------|---------------------------------------|
|   | Relationship.                     |                  |       |                                       |
| Total(Per Month) [Please convert semester, bi annual expenditure into monthly expenditure ] |                                   |                  |       |                                       |

| Name  | Per Month Education Expenditure |
|---|---------------------------------|
| Self( Please include expenditure including tuition fee and lodging charges) |                                 |

### 9. Monthly Family Expenditure

| Detail  | Per Month Amount          |
|---|---------------------------|
| Average <u>Telephone bill</u> of last Six months            | Click here to enter text. |
| (Please attached Bills with application form]               |                           |
| Average <u>Electricity Bills bill</u> of last Six months    |                           |
| (Please attached Bills with application form]               |                           |
| Average <u>Gas Bills bill</u> of last Six months            |                           |
| (Please attached Bills with application form]               |                           |
| Average <u>Water Bills bill</u> of last Six months          |                           |
| (Please attached Bills with application form]               |                           |
| Average Monthly <u>Mobile</u> Bill                          |                           |
| Average Family Educational Expenditure other than applicant |                           |
| (Please Ref S no 8 previous page]                           |                           |
| Applicant Educational Expenditure                           |                           |
| (Please Ref S. no 8 previous page]                          |                           |
| Average Family Expenditure on Kitchen/Food                  |                           |
| Average Family Medical Expenditure                          |                           |
| (Please attached Bills with application form]               |                           |
| Accommodation Expenditure , in case of rent                 |                           |
| (Please attached rent agreement]                            |                           |
| Average Family Misc. Expenditure                            |                           |
| Total Monthly Expenditure                                   |                           |
|   | 1                         |

| Detail   | Per Month Amount |
|--|------------------|
| Net Income(Total Monthly Income – Total Monthly Expenditure) |                  |
| [Ref point 7 and above block]                                |                  |

10.If the monthly Income is negativekindly explain the reasons for the gap, and the arrangements through which the differential gap is met by the family

Click here to enter text.

| 11.Accommodation          |  |                       |                           |  |  |
|---------------------------|--|-----------------------|---------------------------|--|--|
| Туре                      | Bungalow □ Apartment Flat □ Village<br>House□ Town House □ | Structure of<br>House | Pucca□ Semi Pucca□Kutcha□ |  |  |
| Status                    | Self Owned□Family Owned□                                   | No of Rooms           | 10                        |  |  |
|                           | Rented $\Box$ Employer Owned $\Box$                        |                       | 2-3□                      |  |  |
|                           |  |                       | 4-6                       |  |  |
|                           |  |                       | 6-8□                      |  |  |
|                           |  |                       | Above 8                   |  |  |
| Size of Home              |  | Covered Areas         |                           |  |  |
| [in Sq. Ft]               |  | [in Sq. Ft]           |                           |  |  |
| No of Air Conditioners: 0 |  | Number of             | 0 🗆                       |  |  |
|                           | 1-2□   | Servants              | 1-2□                      |  |  |
|                           | 3-4  |                       | 3-4□ Above 4□             |  |  |
|                           | 5-6□7-8□   |                       |                           |  |  |
|                           | Above 8  |                       |                           |  |  |
| Monthly Rent              |  | Address               |                           |  |  |
| [if applicable]           |  |                       |                           |  |  |
| Any other house/f         | lat owned by the Parents/Guardian (if yes pl               | ease specify with     | location and size)        |  |  |
| Click here to enter       | r text.  |                       |                           |  |  |
|                           |  |                       |                           |  |  |

#### 12.Assets

Does the family own any TransportYes No, if yes please fill the following

| Type of Transport        | Engine<br>Capacity<br>CC | Quantity | Current<br>Market Value |
|--------------------------|--------------------------|----------|-------------------------|
| Choose an item.          |                          |          |                         |
| Choose an item.          |                          |          |                         |
| Choose an item.          |                          |          |                         |
| Total Value of Transport |                          |          |                         |

#### Does the family own any cattleYes $\Box$ No $\Box$ , if yes please fill the following

| Type of cattle | Quantity | Current<br>Market Value |
|----------------|----------|-------------------------|
|                |          |                         |
|                |          |                         |

| Total Value of cattle |  |
|-----------------------|--|

| Other Assets   | Quantity      | Current Market Value |
|--|---------------|----------------------|
| Does the family own any <u>Stocks/Prize bond</u> Yes No C<br>(if yes please fill the next columns)               |               |                      |
| Does the family own any <u>Bank Balance</u> Yes□ No □ <u>(if yes,</u><br>please fill and attached the statement) |               |                      |
| Does the family own any <u>Plot</u> Yes 🗆 No 🗆 <u>(if yes fill the next</u> <u>columns)</u>                      | Size in Sq Ft |                      |
| Does the family own any <u>House Yes</u> No <u>(if yes fill the</u> <u>next columns)</u>                         | Size in Sq Ft |                      |
| Does the family own Yes No D any <u>Agriculture Land (if</u> yes please fill the next column)                    | Size:         |                      |
| Any other asset  |               |                      |
| Total  |               |                      |

Any other financing other than this scholarship (Please specify)

Click here to enter text.

How were the admission /first semester charges paid?

Have you ever awarded any other scholarship before ,if yes please share the details

Statement of Purpose (attach separate sheet if required)

- The information given in this application is true to the best of my knowledge and I understand that any incorrect information will result in the cancellation of this application. If any information given in this application is found incorrect or false after grant of financial assistance, the institute will stop further assistance and the student will have to refund all payment received and or penalty equal to total scholarship amount.
- 2. HEC and University reserves the right to use information given in this form for verification and other purposes

| Date            | Date      |
|-----------------|-----------|
| Father/Guardian | Applicant |
| Signature       | Signature |

#### 13. Please attached pictures showing inside and front view of your House (Optional)

| Outside view |  |  |
|--------------|--|--|
|              |  |  |
| Inside view  |  |  |

| 14.Check List                     |               |  |                  |
|-----------------------------------|---------------|--|------------------|
| Documents                         | attached      | Documents  | Attached         |
| Copied of CNIC                    |               | Copies of last six (06) month utility bills                            |                  |
| Father                            | Yes□ No□ N/A□ | Electricity  | Yes□ No□<br>N/A□ |
| Mother                            | Yes□ No□ N/A□ | Gas  | Yes□ No□<br>N/A□ |
| Guardian                          | Yes□ No□ N/A□ | Telephone  | Yes□ No□<br>N/A□ |
| Income Tax Certificate            |               | Water  | Yes□ No□<br>N/A□ |
| Father                            | Yes□ No□ N/A□ | Attested copy of rent agreement (if applicable)                        | Yes□ No□<br>N/A□ |
| Mother                            | Yes No N/A    | Copies of last & latest fee receipts of self and siblings              | Yes□ No□<br>N/A□ |
| Guardian                          | Yes No N/A    | Copies of Medical bills/ expenditure related documents (if applicable) | Yes□ No□<br>N/A□ |
| Copy of last Income Tax Return of |               | Copies of previous scholarship(s) attained (if applicable)             | Yes□ No□<br>N/A□ |
| Father                            | Yes No N/A    | Statement of Purpose & passport size<br>Photographs                    | Yes□ No□<br>N/A□ |
| Mother                            | Yes No N/A    | Salary Certificate of  |                  |
| Guardian                          | Yes□ No□ N/A□ | Father/Guardian  | Yes□ No□<br>N/A□ |
| Picture of House                  | Yes No N/A    | Mother   | Yes□ No□<br>N/A□ |

## For Official Use

|   |          | Signature of The Focal person<br>Date |  |
|---|----------|---------------------------------------|--|
| required documentation                              |          |                                       |  |
| applicant for furnishing of                         |          |                                       |  |
| The notices furnished to the                        |          |                                       |  |
| Application Form Complete with supporting documents | Yes□ No□ | Application Case Review Dates         |  |