

SCHOLARSHIP APPLICATION FORM

Student - Information	
First Name	
Middle Name	
Last Name or Surname	
Gender	
Date of Birth - DD-MM-YYYY	
Contact Number	
E-mail ID	
Address	
Goals or Ambitions	
Hobbies or Extracurricular Activities	
How do you know about this Foundation? Reference Name and Contact #	
Describe your need or required help	

Student – Academic Record (from past four years)				
Year of Study	Class/Course Name	School or Institution Name	Year of Passing	Marks Percentage or Grade

Family – Information			
	Full Name	Occupation	Annual Income
Father/Guardian			
Mother			
Sibling 1			
Sibling 2			
Sibling 3			

Scholarship – Requirement			
Requirement Description:			
Institution/Hostel/Transportation Name	Place	Estimated amount	Last date to Pay

Declaration: I confirm that the information provided in this application form is correct to the best of my knowledge

Signature: _____ Date: _____

Send fully filled application, AADHAR copy, academic records copies to
wellwishers.foundation@gmail.com