**APPLICATION FOR EDUCATIONAL ASSISTANCE 2022-23**

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PLEASE FILL IN CAPITAL LETTERS

|  |  |
| --- | --- |
| Name of the Student |  |
| Date of Birth |  |
| Name of Father Name of Mother |  |
| Residential Address:**(Enclose copy of Ration Card or Aadhar Card as** **Address proof)** Contact telephone number\* (Landline/ Mobile)Email ID\* |  |
| Whether Father is employed? Whether Mother is employed?Is there any other income? | Yes / NoYes / NoYes / No |
| If “Yes” please give details of employment viz.,1. Name & Address of the Company
2. No. of years of service
3. Designation
4. Last drawn salary (Monthly)

**(Enclose copy of proof of employment)** If not employed in the formal sector, income certificate from the Tahsildar is a MUST.   |  |
| Name and address of School/ College where you studied (+2/ Last completed Degree)**(Enclose a copy of the +2 mark list & supply letter of support from school Principal- see below)** |  |
| Name and address of College / University where you are currently studying / admission has been obtained  |  |
| Whether you are already admitted in the college / University | Yes.No. If “yes”, please give date of joining : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of the UG/PG course you are currently studyingor have been selected including details ofthe Branch |  |
| Please give break-up details of tuition & other fees paid at the College/ University **(Enclose original bills/receipts, admission** **certificate obtained from the institution)** | Type of Fees Amount (Rs.) |
| Please furnish your bank account details to issue Cheque/ transfer through NEFT. (**We require the student to have his/her own bank account to receive funds**)Name of the Account holderName & Address of the BankBranch NameSavings Bank Account No.IFSC code of the Branch**(Enclose a copy of the first page of the** **Bank Passbook)** |  |
| Please specify the reasons as to why you are seeking educational assistance. |  |
| Has anyone in your family received support from Kaarunya Trust? Yes/NoIf yes, furnish details of the beneficiary  |  |
| How did you get to know about Kaarunya Trust? Choosean appropriate response.If introduced by a friend or family member, furnish name and contact details  | Website/Friend/Family |

**\*Contact telephone number and email ID are mandatory**

**DECLARATION**

I have read and understood the Rules and Regulations pertaining to this scholarship scheme and I certify that the details provided by me above are true and correct. I realize that I am liable for disciplinary action by the Trust in case of any false declaration of information, falsification of documents or misrepresentation of facts by me with respect to this application.

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Signature:

 Name:

Enclosures:

(Please give details of attachments)

**IMPORTANT**

Please enclose ORIGINAL bills/receipts related to admission. **Photocopies of bills/receipts will not be accepted.**

**Letter from Principal of the School** from which the student graduated is also a must for us to accept applications. This letter must state that the applicant is a bonafide student of the school, that he/she is from a poor socioeconomic background and that his/her character and conduct are good. This letter should be on official letterhead of the school and bear the signature and official seal of the Principal.

**No applications in person will be accepted.**

**All completed applications should be mailed to the following address:**

**Kaarunya Trust,**

**PO box 3264,**

**West Mambalam Post Office,**

**West Mambalam, Chennai 600 033**

**For any queries, please contact us only by email: kaarunyammc81@gmail.com**