

Application for Sports Scholarship

Application No.

Student's
Recent
Passport Size
Photograph
(3.5 x 4.5 cm)

Parent/Guardian Details:

Name:
FIRST NAME MIDDLE NAME LAST NAME

Relationship with the Student:

Mobile No.: Email ID:

Type of Scholarship applied for: **Individual Sports** ☐ **Lawn Tennis** ☐ **Cricket** ☐
(Application can be made for only one scholarship. No two scholarships can be clubbed together)

Year of Joining the School: Year of achievement:

Applying for - Academic Year: Grade: Curriculum:

Student Details:

Name:
FIRST NAME MIDDLE NAME LAST NAME

Date of Birth: Gender: Nationality:

Aadhaar No.: Passport No.: (If not Indian)

Res. Address:

..... PIN Code:

Telephone No.: Mobile No.:

Details of the Achievement: Why does my child/ward deserve this Scholarship?

List of supporting Documents/Certificates:

1.
2.
3.
4.

Turn over leaf

Declaration-Cum-Indemnity:

I, Mr/Mrs (Parent/Guardian) of
Master/Miss (Student Name), hereby declare that the
information given in my application is correct. I shall abide by the terms and conditions for sanction of
above-referred concession. I undertake that if at any stage, it is found to the dissatisfaction of the school
authorities that the information given by me is false or it violates the terms and conditions of the
concession, the concession sanctioned to me will be cancelled and the entire amount of the concession
will be refunded by me/recovered from me and I further undertake not to raise any dispute or claims in
future for the same.

Place:

Date:

.....
Signature of the Parent/Guardian

For Office Use Only:**Remarks/Observations of the Principal:**

I have verified all the documents and confirm that the information given in the form are:
true and complete ☐ / incomplete and false ☐.

It is also confirmed that this student/applicant has not availed of any other concession/scholarship.

Further, I recommend ☐ / do not recommend ☐ the student for the applied concession.

Percentage of concession as per the policy is ____ %.

Name of the Principal:

Date:

.....
Signature

Remarks/Observations of the Head of Schools:

Approved: ____ % ☐ Not Approved ☐

Date:

.....
Signature

For Head Office use only:

Approved: ____ % ☐ Not Approved ☐

Date:

.....
Signature of Director Academics