

**For Trust Use:**

Application no.: \_\_\_\_\_

Year: \_\_\_\_\_

Location: \_\_\_\_\_

**APPLICATION FORM FOR SAMATVA SCHOLARSHIP**



Space for Student Photo

*www.samatvatrust.org*

**Student Name:** \_\_\_\_\_ **Standard / Class Studying:** \_\_\_\_\_

**Parent / Guardian Name:** \_\_\_\_\_

**Parents Occupation:** \_\_\_\_\_ **Parents Annual Income:** \_\_\_\_\_

**School / College Address:**

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**Please mention the marks scored from past three years of your studies:**

<b>Standard/ class</b>	<b>School/ College Name and location</b>	<b>Year</b>	<b>Marks Obtained</b>	<b>Percentage Marks</b>
		*		
		*		
		*		

\*Please attach copies of certificates/marks card as proof

**Type of Help Required for Student:**

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**A Statement (up to 20 words) by the student/teacher on why the student should get SAMATVA's support and how he/she is planning to make use of this support.**

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<b>Permanent Address:</b>	<b>Temporary Address (if any)</b>

Have you received any help from Samatva Trust in the past? If so give details:

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The information given above in this application is correct and true to the best of my knowledge.

**Signatures:**

\_\_\_\_\_  
**Student**      \_\_\_\_\_  
**Parent or Guardian**      \_\_\_\_\_  
**Head Master or Principal**  
**Sign with Seal of the Institution**

**For Trust use:**

Nature of Application: Fresh/Past Beneficiary (Year: \_\_\_\_/ \_\_\_\_)/Adopted/Sponsored

Application: Considered/ Not considered/ Put on hold

Type of help rendered:

Amount Sanctioned: \_\_\_\_\_

Additional Remarks:

Date of Meeting:

\_\_\_\_\_  
Representative

\_\_\_\_\_  
Sanctioned by

\_\_\_\_\_  
Treasurer

Date of Distribution:

Details of help from Trust: \_\_\_\_\_

\_\_\_\_\_  
Student

\_\_\_\_\_  
Trust Representative

\_\_\_\_\_  
School Principal signature  
with Seal

Voucher received:

Date: