



J.K. Shanti Charitable Society

Sponsored by : The Kailash Goyal Foundation, USA

APPLICATION FOR FINANCIAL AID

Personal Detail

Name of student

Date of birth **D D M M Y Y Y Y**
 - -

Father's Name

Mother's name

Address

Telephone (Landline) **STD Code** **Phone No**

Mobile

E-mail

Father's Profession

Mother's Profession

Annual household income
R s.

(Verification of income through tax return/other source required)



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APPLICATION FOR FINANCIAL AID

Education Detail

Graduate school

Y Y Y Y

Year Attended

Name of Principal

Phone #

High school

Y Y Y Y

Year Attended

Name of Principal

Phone #

Any other training or special course (s)

Condition of scholarship

Student & his /her parents understand that the scholarship is contingent on obtaining at least 60% marks in each semester/yearly exam. If the marks drops below 60% scholarship, will be terminated and there will be no liability of the sponsor to offer additional financial aid. The sponsor will not be liable for any loss of studies or any other expenses incurred by the student due to termination of scholarship.

E-mail Application to: - JKShanti@hotmail.com

Signature of Applicant/ Parent