Scholarship Application Form

Semester: .....

☐ ***Undergraduate***

To be filled by applicant (Incomplete applications will not be considered, please write clearly)

Section A. Personal Information of Applicant (As per Certificates):

A1	Surname			
A2	Given Name			
A3	Date of Birth (dd/mm/yyy)			
A4	Sex	◯ Male ◯ Female		
A5	Current Contact Address			
		Country:		
A6	Nationality			
A7	National ID Number/ Birth Certificate Number			
A8	Contact Numbers (Please fill this in as we will contact you through this number if you are shortlisted)	Name of contact person/owner	Relationship with contact person (write "own" if your number)	Telephone/ Cell phone Number
	Telephone/Cell phone (Contact 1)			
	Telephone/Cell phone (Contact 2)			
A9	Who currently supports your educational costs? Tick as many as applicable for you.	◯ Myself ◯ Father ◯ Scholarship ◯ Mother ◯ Foster Parents ◯ Other		

Section B. Household Information:

B1	Details of your Income (If you finance your study):	Your Occupation: _____ Monthly Income: _____
B2	Father's Name:	Is he alive? Yes ◯ No ◯ Father's Occupation: _____
B3	Father's Education:	Monthly Income: _____
B4	Mother's Name:	Is she alive? Yes ◯ No ◯ Mother's Occupation: _____
B5	Mother's Education:	Monthly Income: _____
B6	Who do you live with? Both Parents ◯ Mother Only ◯ Father Only ◯ Foster Parents ◯	
B7	Name (If living with foster parents/guardian):	
B8	Occupation (If living with foster parents/guardian):	
B9	Number of earning members in your family : ☐ More than two (2) ☐ Two (2) ☐ One (1)	
B10	Monthly income of you/your family ? _____ Taka	
B11	Have you benefited from any sponsorship before? Yes ◯ No ◯	
B12	If yes, Name the Sponsor _____	

B13	Are you still receiving support from this sponsor? Yes ◯ No ◯
B14	If no, why not? _____

Section C. Status of Applicant:

C1	Do you have any form of disability? Yes ◯ No ◯
C2	If yes, What form of disability? _____
C3	How many brothers and sisters do you have? _____
C4	Number of dependent members in your family ☐ 1-3 ☐ 4-6 ☐ more than 6
C5	How many of them are studying? _____

Section D. Academic Information (This section is mandatory, Please fill it out for your application to be considered. Remember to write everything clearly)

D1. Education:

Program Attended	Passing Year	Group	Institution/University	Division / Class / Percentage (%)	Marks / CGPA
Secondary Education/ 10th Grade / O-Levels					
Higher Secondary Education / 12th Grade Education /A-Levels					

D2	How did you learn about the AMT Scholarship Program? ◯ Newspaper ◯ Versity ◯ Friend/word of mouth ◯ Other, Specify----------

I declare that all the information provided here is true and accurate to the best of my knowledge, and I have read and understood the note to applicants below:

Applicant:	**Endorsed by parent/guardian:**
Signature and Date _____ __ /__ /___	Signature and Date _____ __ /__ /___
Name: _____	Name: _____

Supporting Documents (Please attach all available forms of documentation.		
Student's National ID /Birth Certificate	☐ Attached	☐ Unavailable or N/A
Testimonial	☐ Attached	☐ Unavailable or N/A
Income supporting Documents as applicable (Income Certificate)	☐ Attached	☐ Unavailable or N/A
Department Head's Signature is required on the application Form	☐ Attached	☐ Unavailable or N/A
HSC MarkSheet	☐ Attached	☐ Unavailable or N/A
DU Admission Slip	☐ Attached	☐ Unavailable or N/A
Disability Certificate *If Needed	☐ Attached	☐ Unavailable or N/A

*** ***(Please write student's name on all additional/supporting documents submitted with this form).***

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Department Head's Signature