



Swami Dayanand Charitable Education Foundation School Scholarship

Name _____	Passport size photo
Address _____	
City _____ Postal Code _____	
Phone _____ Alternate _____ Email _____	
Date of Birth _____ Gender: (Male/Female) _____	
Entering Grade/Class _____ School Name with Address: _____	
School Fee (per month): _____ Scholarship you are applying for _____	
Father's Name _____ Father's Education _____	
Father's Occupation _____ Father's Income _____	
Mother's Name _____ Mother's Education _____	
Mother's Occupation _____ Mother's Income _____	
Total Family Annual Income: Rs. _____	

Siblings:

S.No.	Siblings	Age	Education

Please complete the below listed budget for your academic year (April to March)

Expenses for one month

	₹
Rent	_____
Utilities	_____
Telephone	_____
Other (Specify) _____	_____
Food	_____
Personal/Household supplies	_____
Transportation	_____
Medical Prescriptions	_____
Eye Glasses/Contact Lenses	_____
Clothing	_____

Total Expenses for one month ₹ _____

Financial Resources (for academic year)

	₹
Savings at beginning of school year.....	_____
Part-time earnings during school year.....	_____
Contribution of Parent.....	_____
Academic Awards: Scholarships.....	_____
Government Income (Specify) _____	_____
Other (Specify) _____	_____

Total Financial Resources ₹ _____

Total Expenses for one month ₹ _____ Add tuition fees _____ Add books/equipment _____ Total expenses ₹ _____ Less Total Financial Resources ₹ _____ = ₹ _____
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Please provide the below information

S. No.	Items available at your home	Yes/No
1	Car	
2	Two Wheeler	
3	Airconditioner	
4	Television	
5	Refrigerator	
6	Invertor	
7	Cooler	
8	Cable/DTH	
9	Mobile	
10	Landline Telephone	

Declaration by Applicant

I certify that to the best of my knowledge the above information is true and correct and that I require additional funds for my studies at the School Name _____. I understand that my name and/or photograph may be used for promotional purposes.

Date _____ Applicant's Signature _____
 Parent's Signature _____

Please enclose the following documents with this form:

- a) Copies of Ration Card/Voter ID Card.
- b) Electricity/Water/ Telephone Bills.
- c) Income Certificate.
- d) Proof of permanent residence.
- e) Copies of Marksheets (Class8/9/10/11).
- f) Birth Certificate
- g) Pictures of your home.
- h) Letter from School Principal for not getting any financial aid or scholarship.

1. Complete application with all the supporting documents should be sent to:
 Scholarship Officer
 Swami Dayanand Charitable Education Foundation
 A-74, Ground Floor, Sector-2, Noida-201301, UP (India)

2. For any queries, WhatsApp No.-8448770654. email to scholarships@swamidayanand.org

3. You can register online for scholarship online at www.swamidayanand.org