

UNIVERSITY OF WAH

APPLICATION FORM-NEED BASED SCHOLARSHIP

SEMESTERS (SPRING 2018 & FALL 2018)

TO BE FILLED BY THE APPLICANT SEEKING FINANCIAL ASSISTANCE FROM UW

GPA (FALL-2017): \_\_\_\_\_

**Category (Please select)**

- i. POF
- ii. NEEDY
- iii. KINSHIP
- iv. UNIVERSITY EMPLOYEE
- v. SPORTS

Name of Applicant: \_\_\_\_\_

Father's/ Guardian's Name: \_\_\_\_\_

**Father:**                      Alive                      Dead                      **Mother:**                      Alive                      Dead

**Degree Program:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Registration No:** \_\_\_\_\_

Are you receiving currently any financial assistance / scholarship                      Yes                      No

If Yes (Indicate source & amount) \_\_\_\_\_

Have you received any financial assistance/ scholarship in the past from UW                      Yes                      No

If Yes (Indicate source & amount) \_\_\_\_\_

Father's / Guardian's Profession: \_\_\_\_\_ Father's CNIC #: \_\_\_\_\_

If Employee:

Designation: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

If Private Business: Name of Shop/Business: \_\_\_\_\_

Address (Residential): \_\_\_\_\_

<b>1. Detail of Property / Assets owned by Parent's/ Guardian</b>			
<b>Sr#</b>	<b>Property / Assets</b>	<b>Location/ Description</b>	<b>Value Rs.</b>
1.1			
1.2			
1.3			
1.4			
1.5			
1.6			

**2. Detail of Monthly Income of Parent's/ Guardian's**

2.1			
2.2			
2.3			
2.4			

Note: For 2.1 salary certificate and for 2.2, 2.3, 2.4 affidavit showing income is required.

3. Detail of Monthly Expenditure			Total Rs.
3.1	Household Expense		
3.2	Electricity Bill		
3.3	Sui Gas Bill		
3.4	Telephone Bill		
3.5	Children Fees		
3.6	Monthly House Rent		
3.7	Others		

Note: please attach copies of the last three months utility bills (Sui gas, Telephone, Electricity)

4. Information about family members (Brothers & Sisters, other than applicant)\*

Name	Age	Occupation/Class	Monthly Income	Monthly Expense/ Fee

\*Attach supporting documents

Fee per semester of the program at UW: \_\_\_\_\_

Signature of the Applicant: \_\_\_\_\_

Signature of the Father/ Guardian: \_\_\_\_\_

Recommendation of Chairperson/HOD: \_\_\_\_\_

Signature & Stamp of Chairperson/HOD \_\_\_\_\_

**Documents Attached:-**

- |   |  |
|---|--|
| <ol style="list-style-type: none"> <li>1. Result Card</li> <li>2. Father/ Guardian CNIC (Attested)</li> <li>3. Salary certificate of father/ guardian &amp; affidavit (Section 2, above)</li> </ol> | <ol style="list-style-type: none"> <li>4. Copies of last three months utilities bills (section 3, above)</li> <li>5. Documents supporting section 4, above)</li> </ol> |
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