**YDF-HIGHER SECONDARY SCHOLARSHIP**

**APPLICATION FORM 2018**

**(The Scholarship covers all tuition and boarding costs for 2 years)**

Passport photo

**Full name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permanent Address**

Village: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Geog: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dzongkhag­­­:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Thram No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

House No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Family Members (*attach census record*)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SL#** | **Name** | **Gender** | **Relationship** | **Age** | **Qualification**  **(If applicable)** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| Use additional sheet if necessary | | | | | |

1. **Assets owned by family:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SL #** | **Assets** | **Number** | **Value** | **Total** |
| 1 | Land |  |  |  |
| 2 | Stock |  |  |  |
| 3 | Vehicle |  |  |  |
| 4 | Rental |  |  |  |

1. **Attachment**
2. Letter stating why you should be given financial aid (In less than 100 words)
3. Please attach a copy of both parents PIT statement for the previous year, if applicable.
4. Letters of recommendation/references.
5. Tax returns, assets, liabilities, information on the siblings and/or other relevant documentation.
6. **Declaration**

I hereby declare that the information given in this form is true and correct to the best of my knowledge. In case any information is found incorrect, I assume full responsibility to fully repay the scholarship and shall be liable for prosecution as per the laws of Bhutan.

Name: Name:

(Signature of the Applicant) (Signature of parents/guardians)

Contact: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CID #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_