

**APPLICATION FORM FOR FINANCIAL ASSISTANCE AND SCHOLARSHIP**

**INSTRUCTIONS**

* Carefully read the **Financial Assistance & Scholarship Manual** before filling this form.
* This form is designed to be filled electronically using MS Word.
* It is the applicant’s responsibility to submit all supporting documents.
* The application for Financial Assistance and/or Scholarship duly completed along-with documents must be submitted latest by **Friday, October 18, 2019**. No application will be entertained beyond this date.
* Applications with incomplete information and missing documents will also not be considered.
* Up to a maximum of 75% of tuition fee may be provided by IVS as Financial Assistance and/or Scholarship, the remaining 25% of the tuition fee and other fees has to be borne by the student.
* Applicants should be aware of their family’s financial status so that if they are selected for interview, they can help the “Award Committee” make a fair assessment of their requirements.
* The student has to maintain a SGPA of 2.30 in Foundation Year and 2.50 in rest of the years to continue availing Financial Assistance and/or Scholarship. The Financial Assistance and Scholarship for the next semester will be discontinued if the SGPA of the student falls below the above mentioned required levels. However, the approved Financial Assistance and/or Scholarship will automatically be restored from the subsequent semester upon achieving the required SGPA.
* Recipients of Financial Assistance are legally required to repay the availed amount after one year from the time of their graduation over the subsequent 5 years in equal monthly instalments. For this purpose, a Promissory Note of the total amount received as Financial Assistance will be signed before graduation along with the monthly repayment plan agreed by the student.
* PROVIDING INCORRECT INFORMATION AND/OR CONCEALING INFORMATION WILL NOT ONLY RESULT IN DENIAL OF FINANCIAL ASSISTANCE AND/OR SCHOLARSHIP BUT MAY INITIATE STRICT DISCIPLINARY ACTION AGAINST THE APPLICANT.

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| LIST OF REQUIRED DOCUMENTS | |
| The application MUST be supported by readable photocopy of the following documents. Please tick (🗸) and complete the following checklist: Items marked with (\*) are mandatory for the application to be considered.   1. \*CNIC OF:  * Applicant (B-Form in case CNIC is not available) * Father * Mother * Guardian (in case guardian is other than father or mother) * Guarantor  1. \*LATEST SALARY SLIP/CERTIFICATE OF  * Father * Mother * Guardian (in case guardian is other than father or mother) * Others (siblings, relatives, etc wo contribute to your expenses)  1. \*LAST SIX MONTHS BANK STATEMENT OF:  * Father * Mother * Guardian (in case guardian is other than father or mother) * Others (siblings, relatives, etc who contribute to your expenses)  1. \*LATEST INCOME TAX CERTIFICATE OF:  * Father * Mother * Guardian (in case guardian is other than father or mother) * Others (siblings, relatives, etc wo contribute to your expenses)  1. \*LAST 6 MONTHS UTILITY BILLS:  * Electricity * Gas * Telephone * Mobile Phone (personal, father’s, mother’s, guardian’s)  1. LATEST MONTHLY EDUCATION EXPENSES OF:  * Siblings (attach Fee Challans)  1. LAST 3 MONTHS MEDICAL BILLS OF  * Self * Siblings * Parents * Grandparents  1. OTHER INFORMATION  * Rent Agreement * Documentation related to investments made on securities/fixed deposits. * Documentary evidence of any loans obtained from employer or any financial institution. | |
| Signature of Applicant: | Date: Select date |

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| (1) APPLICANTS INFORMATION *(Insert photo below)* | | | | | | | | | |
| Full Name: | | Enter text | | | Gender: | | Select | |  |
| CNIC # | | Enter CNIC # | | | Date of Birth | | Select date | |
| Reg # | | Enter # | | | Progarmme | | Choose | |
| Address (Line 1): | | | Click here to enter text | | | | | |
| Address (Line 2): | | | Click here to enter text | | | | | |
| Address (Area) | | | Click here to enter text | | City: | Enter text | | Country: | Enter text |
| Tel: | Enter No | | Cell: | Enter No | Email: | Enter email address | | | |

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| (2) FATHER’S DETAILS *(LEAVE THE ADDRESS FIELDS EMPTY IF SAME AS ABOVE)* | | | | | | | | |
| Full Name: | | Enter text | | | Highest Qualification: | | Enter text | |
| Address (Line 1): | | | Click here to enter text | | | | | |
| Address (Line 2): | | | Click here to enter text | | | | | |
| Address (Area) | | | Enter text | | City: | Enter text | Country: | Enter text |
| Tel: | Enter No | | Cell: | Enter No | Email: | Enter email address | | |
| Occupation: | | | Enter text | | Name of Employer: | | Enter text | |

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| (3) MOTHER’S DETAILS *(LEAVE THE ADDRESS FIELDS EMPTY IF SAME AS ABOVE)* | | | | | | | | |
| Full Name: | | Enter text | | | Highest Qualification: | | Enter text | |
| Address (Line 1): | | | Click here to enter text | | | | | |
| Address (Line 2): | | | Click here to enter text | | | | | |
| Address (Area) | | | Enter text | | City: | Enter text | Country: | Enter text |
| Tel: | Enter No | | Cell: | Enter No | Email: | Enter email address | | |
| Occupation: | | | Enter text | | Name of Employer: | | Enter text | |

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| (4) LEGAL GUARDIAN | | | | | | | | |
| Who is your legal guardian (give details below if other is selected) | | | | | | | Choose option | |
| Full Name: | | Enter text | | | Highest Qualification: | | Enter text | |
| Address (Line 1): | | | Click here to enter text | | | | | |
| Address (Line 2): | | | Click here to enter text | | | | | |
| Address (Area) | | | Enter text | | City: | Enter text | Country: | Enter text |
| Tel: | Enter No | | Cell: | Enter No | Email: | Enter email address | | |
| Occupation: | | | Enter text | | Name of Employer: | | Enter text | |

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| **(5) PARTICULARS OF FAMILY MEMBERS (MEMBERS LIVING WITH YOU)** | | | | | | | | |
| **No** | **Name** | **Age** | **Relationship** | **Marital Status** | **Occupation** | **Institution /**  **Organization** | |
| 1 | Enter text | Enter | Enter text. | Divorced | Unemployed | Enter text | |
| 2 | Enter text | Enter | Enter text. | Choose | Choose | Enter text | |
| 3 | Enter text | Enter | Enter text. | Choose | Choose | Enter text | |
| 4 | Enter text | Enter | Enter text. | Choose | Choose | Enter text | |
| 5 | Enter text | Enter | Enter text. | Choose | Choose | Enter text | |
| 6 | Enter text | Enter | Enter text. | Choose | Choose | Enter text | |
| 7 | Enter text | Enter | Enter text. | Choose | Choose | Enter text | |
|  |  |  |  | Total Family Members | | |  |

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| (6) ACCOMMODATION DETAILS | | | | | |
| Type: | Choose | Status: | Choose | No. of Rooms: | Choose |
| Total Covered Area | Enter figure. | Unit | Choose |  |  |

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| (7) FAMILY ASSETS |

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| Details of family car | **Make:** | Enter text. | **Model (year)** | Enter | **Engine (cc)** | Enter |
| Details of bank accounts. Attach bank statement(s) for last 6 months. | Enter text | | | | | |
| Details of investment and shares. Give amounts & submit documents. | Enter text | | | | | |
| Details of real estate owned. Give location, size, current market value and purchase price | Enter text | | | | | |

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| (8) SOURCES OF INCOME PER ANNUM |

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|  | **Father/Guardian** | **Mother** | **Other Member(s)** |
| 1. Salary Income | Enter figure | Enter figure | Enter figure |
| 2. Business/Professional Income | Enter figure | Enter figure | Enter figure |
| 3. Agricultural Income | Enter figure | Enter figure | Enter figure |
| 4. Income from Securities/Investments | Enter figure | Enter figure | Enter figure |
| 5. Income from fixed assets | Enter figure | Enter figure | Enter figure |
| 7. Income from properties | Enter figure | Enter figure | Enter figure |
| 8. Any other income | Enter figure | Enter figure | Enter figure |
| **GROSS INCOME:** | Enter figure | Enter figure | Enter figure |
| **GROSS FAMILY INCOME:** | Enter figure | | |

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| (9) EXPENDITURE PER ANNUM |

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| **S.No.** | **Particulars** | **Expenses Per Annum** |
| 1 | Education of Siblings (give details in the table below) | Enter figure |
| 2 | Vehicle Running | Enter figure |
| 3 | Rent | Enter figure |
| 4 | Property Tax | Enter figure |
| 5 | Gas | Enter figure |
| 6 | Electricity | Enter figure |
| 7 | Telephone | Enter figure |
| 8 | Mobile | Enter figure |
| 9 | Transport | Enter figure |
| 10 | Food | Enter figure |
| 11 | Medical | Enter figure |
| 12 | Toiletries | Enter figure |
| 13 | Clothes | Enter figure |
| 14 | Repayment of Loan (give details of loan taken as attachment) | Enter figure |
| 15 | Other Expenses | Enter figure |
|  | **TOTAL EXPENDITURE PER ANNUM** | Enter figure |

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| DETAILS OF EDUCATIONAL EXPENSES OF SIBLINGS *(PER ANNUM)* |

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| **S.No.** | **Name of Sibling(s)** | **Name of Institution** | **Country** | **Expenses Per Annum** |
| 1 | Enter text | Enter text | Enter text | Enter figure |
| 2 | Enter text | Enter text | Enter text | Enter figure |
| 3 | Enter text | Enter text | Enter text | Enter figure |
| 4 | Enter text | Enter text | Enter text | Enter figure |
| 5 | Enter text | Enter text | Enter text | Enter figure |
|  |  | TOTAL | | Enter figure |

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| (10) FINANCIAL ASSISTANCE APPLIED / AVAILED OUTSIDE IVS *(BANK, FATHER’S EMPLOYER, ETC)* |

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| Agency | Amount Applied for | Amount Secured |
| Enter text | Enter figure | Enter figure |
| Enter text | Enter figure | Enter figure |

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| (11) FINANCIAL ASSISTANCE / SCHOLARSHIP SOUGHT FROM IVS | | | | | | | | | | | |  | | | | | |
| Specify the amount of Financial Assistance and/or Scholarship requested from IVS. A maximum assistance of up to 75% of the tuition fee can be requested. | | | | | | | | | | | | | | | | | |
| Financial Assistance | | | | | | Scholarship | | | | | | Total Assistance Sought | | | | | |
|  | 25% |  | 50% |  | 75% |  | 25% |  | 50% |  | 75% |  | 25% |  | 50% |  | 75% |
| 25% = Rs. 40,125 50% = Rs. 80,250 75% = Rs. 120,375 (assistance per semester) | | | | | | | | | | | | | | | | | |

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| (12) UNDERTAKING FOR FINANCIAL ASSISTANCE BY THE STUDENT | |
| I, Enter your full name, Choose, Enter father’s name, having CNIC No. Enter CNIC #, residing at Enter complete home address, hereby agree to:   * abide by the terms and conditions which govern the granting of Financial Assistance to complete my studies. * I further unconditionally agree to pay back the total amount owed by me within the period of 6 years in instalments after I have graduated (5 years commencing 1 year after graduation) or earlier. * I shall also be bound to repay the total amount of Financial Assistance immediately or within the period of six months if I leave the School before graduation. * In case I fail to repay the Financial Assistance, I authorize the School management to get it reimbursed on instalments from my employer, or to take any legal action available under the laws of Pakistan to recover the amount. | |
| Signature of Applicant: | Date: Select date |

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| (13) UNDERTAKING BY GUARANTOR | | | | | | | | |
| In the event that Enter name of student does not pay back the amount of Financial Assistance given to him/her by the Indus Valley School of Art and Architecture (IVS) I undertake to pay the same on his behalf within 7 (seven) days of being informed of the event by IVS. | | | | | | | | |
| Who is your Guarantor? (give details below if other is selected) | | | | | | | Choose option | | |
| Full Name: | | Enter text | | | Highest Qualification: | | Enter text | | |
| Address (Line 1): | | | Click here to enter text | | | | | | |
| Address (Line 2): | | | Click here to enter text | | | | | | |
| Address (Area) | | | Enter text | | City: | Enter text | Country: | Enter text | |
| Tel: | Enter No | | Cell: | Enter No | Email: | Enter email address | | | |
| Occupation: | | | Enter text | | Name of Employer: | | Enter text | | |
| Signature of Guarantor: | | | | | | | Date: Enter date | |

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| (14) DECLARATION | |
| * I hereby solemnly declare that the above details provided by me are truthful and accurate to the best of my knowledge and no part of the information is concealed or deliberately left out. * I understand that I may be subject to a range of possible disciplinary actions, including admission revocation or expulsion if any of the submitted information or supporting documents is found to be false. * I also agree to accept the decision of the IVS Award Committee concerning the evaluation of my application for Financial Assistance and/or Scholarship. | |
| Signature of Applicant: | Date: Enter date |