**Scholarship Form**

Need-Based scholarship is to evaluate the ability of students to cover their education expenses.

Eligible student gets full/Partial fund based on their financial condition and as per university scholarship policy.

\*Requirements Check List:

|  |  |
| --- | --- |
| **Family National ID/Family Members IQAMA** *including parents* | ⬜ |
| **Salary Letter include** Job titleand total salary plus allowance in details*with**chamber of commerce and employer stamp*. For all working members of the family | ⬜ |
| **Account Bank Statement for last 3 months** *with bank stamp* | ⬜ |
| **House Rent Contract** *If property not owned,* or**Electricity/Water Bill** *If you own the property* | ⬜ |

If you consider yourself deserve it please fill the following properly:

|  |  |
| --- | --- |
| **\*Student/Applicant Name** |  |
| **\*University ID/IQAMA/National ID** |  |
| **\*Student Mobile Number**  |  |

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| --- |
| **\*Parent/Guardian Work Information** |
| Employer Name: …………………………………………………………....................District: …………………………………………………………………………………………..Street: …………………………………………………………………………………………….HR Contact Number: ……………………………………………………………………………Total Salary including allowances: …………………………………………………. |

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| **\*National Address:** |
| Printed Copy provided? YES ( ). NO ( ). If NO please fill the following:Building Number: Street Name: District:City: Postal Code: Additional Number: |

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| **\*Family Members Information:** |
| Father: Alive ( ) Not Alive ( ). Mother: Alive ( ) Not Alive ( ). Number of family members including parents ( ). Parent/Guardian Mobile Number: |

|  |
| --- |
| **\*Additional Income Data:** |
| Family Member Name: Relationship:\*Salary Attached ( )Family Member Name: Relationship:\*Salary Attached ( )***Note:*** *Please mention your mother information if she is working.* |

\*I consent that all the information provided below are true and in case of any incorrect fact, the university has the right to terminate the scholarship or impose any disciplinary punishment. And I give the university all the authority to verify these information and evaluate my need case by any appropriate method.

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**Name & ID of Applicant/Student Signature Date Sign**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**

**Name of Parent/Guardian Signature Date Sign**