

Dedicated to improve the lives of deserving and financially disadvantaged families through the gift of education

APPLICATION FOR SCHOLARSHIP For Year 2010-2011		
PLEASE TELL US ABOUT YOURSELF:		
First Name:	Last Name:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
Street Address:		
Town:	State:	PIN:
Date of Birth:	Contact Phone number:	
Are you related to any member of the Sophia, Inc. Selection Committee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PLEASE TELL US ABOUT YOUR FINANCIAL STATUS:		
Father's Name:	Occupation:	Monthly Income:
Address of Employer:		Reference Name and Phone number for verification:
Mother's Name:	Occupation:	Monthly Income:
Address of Employer:		Reference Name and Phone number for verification:
Brief explanation of need for financial help:		
PLEASE TELL US ABOUT YOUR ACADEMIC ACHIEVEMENTS:		
Final Examination (Pre-College) Overall Score (Attach copy of Score Card):		Rank in entrance examination:
Course being Pursued: <input type="checkbox"/> Engineering <input type="checkbox"/> Medicine		
Admission Secured: <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach copy of admission notification)	Name of College/University:	Did you pay capitation fees to secure admission? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you eligible to receive AP state or any other state scholarship <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you in receipt of any other scholarship <input type="checkbox"/> Yes <input type="checkbox"/> No		
Estimated annual costs : Fees: _____ Boarding: _____ Lodging: _____ Other: _____		
PLEASE READ AND SIGN THE FOLLOWING STATEMENT:		
I understand that if any of the above statements are proven false, the scholarship will be denied / cancelled. Also, if I do not complete each semester or year successfully, my scholarship will be cancelled. I will submit the college score card to Sophia at the end of each semester / year.		
Signed: _____		Date: _____