DON BOSCO SHARE TO CARE SCHOLARSHIP FOR HIGHER EDUCATION

APPLICATION FORM

Section 1: Personal Information

Applicant's Name			
Date of Birth			
Religion		**Community**	
Aadhaar No			
Residential Address		**Orphan/Semi-orphan:**	☐ Living with Both Parents ☐ Living with Single Parent ☐ Orphan ☐ Semi-orphan
Gender		**Parent/ Guardian**	
Phone Number		**Contact of Parent / Guardian**	
Email Address			

passport size photo

Section 2: Education Details

Applicant Studying in	☐ Don Bosco Institute ☐ Other Institute		
Course of Study			
Course Duration		**Year of Study**	
Institution Name			

Section 3: Family Details

No	Name	Age	Relation	Occupation	Income

Section 4: Bank Details of the Applicant / Institute (as per the bank passbook)

Account Holder Name			
Bank Account Number		**IFSC Code**	
Bank Name		**Branch Name**	

Section 5: Attachments

Signed Application Form	Request letter from Applicant	Aadhaar Copy	Bank Passbook Copy	Bonafide Certificate	Terms & Conditions Consent	Letter of Recommendation from Local Rector
☐	☐	☐	☐	☐	☐	☐

**Attachment of all above mentioned documents is mandatory*

Applicant Name: _____

Date: _____ **Signature of Applicant**

Parent / Guardian Name: _____

Date: _____ **Signature of Parent / Guardian**

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APPLICATION FORM

DECLARATION, TERMS & CONDITIONS, AND CONSENT

I hereby declare and agree that:

1. The information furnished in this application form and the supporting documents submitted are true and correct to the best of my knowledge.
2. I understand that the scholarship assistance is provided to support deserving students in pursuing and successfully completing their higher education.
3. I agree to continue my studies sincerely and responsibly and shall make every effort to complete the course within the prescribed duration.
4. I shall promptly inform the organization in case of any change in academic status, course, institution, discontinuation, interruption of studies, contact information, or financial condition.
5. I agree to maintain regular communication and coordination with the organization throughout the duration of the scholarship support.
6. I understand that I may be required to periodically submit academic progress reports, examination results, attendance records, or other relevant educational documents for the purpose of monitoring and evaluating the effectiveness of the scholarship programme.
7. I understand that failure to maintain reasonable academic progress, prolonged non-communication, submission of false information, misuse of funds, or violation of programme conditions may result in suspension or discontinuation of the scholarship assistance after due review by the organization.
8. I agree that the scholarship amount shall be utilized only for educational purposes such as tuition fees, hostel fees, books, study materials, transportation, examination fees, or other education-related expenses.
9. I acknowledge and respect the humanitarian and social values promoted through this programme, including human dignity, equality, justice, honesty, peace, social responsibility, and the respectful coexistence of all religions and communities.
10. I voluntarily consent to the collection, storage, processing, and responsible use of my personal information, academic information, photographs, testimonials, and related documents by the organization solely for:
    * scholarship administration and internal management,
    * communication and follow-up,
    * reporting and documentation,
    * donor and institutional reporting requirements,
    * impact assessment,
    * and the promotion of the educational and social impact of the scholarship programme.
11. I understand that the organization shall take reasonable measures to protect my personal data and process it in accordance with applicable Indian laws and principles relating to privacy and data protection, including lawful purpose, transparency, data minimization, and responsible usage.
12. I understand that my personal information shall not be sold, commercially exploited, or shared with unauthorized third parties unrelated to the legitimate administration and promotion of the programme.
13. I consent that my name, photographs, educational achievements, testimonials, and success stories may be used by the organization in reports, publications, presentations, websites, newsletters, social media, fundraising communication, and other non-commercial programme-related promotional materials intended to highlight the impact and success of the scholarship initiative.
14. I understand that wherever reasonably possible, the organization will ensure that any public sharing of personal information is done respectfully, responsibly, and in a manner that does not intentionally harm my dignity, privacy, or reputation.
15. I understand that this scholarship assistance is provided at the discretion of the organization and is subject to the policies, availability of funds, and programme guidelines of the organization.
16. I understand and agree that common capacity-building programmes, orientation sessions, leadership trainings, mentoring sessions, or other educational and personal development activities may be organized periodically for scholarship beneficiaries, and I shall make reasonable efforts to participate and cooperate in such programmes whenever possible.

I hereby confirm that I have received and understood the information regarding the terms and conditions of the program “Don Bosco Share to Care Scholarship for Higher Education”.

Applicant Name: _____

Date: _____ **Signature of Applicant**