

GIKI ALUMNI ASSOCIATION
(REGISTERED UNDER ACT No. XXI OF 1860)

House 534, Street 33, NPF Housing Scheme, E-11/3, Islamabad, 44000

<http://www.giki.edu.pk/alumni>

SCHOLARSHIP APPLICATION FORM
(ACADEMIC YEAR 2017 – 2018)

Applicant Name	
Registration #	

Version: 4.0

IMPORTANT

GIKI ALUMNI Association's Scholarship Program is aimed at assisting the genuinely needy students who are unable to meet their educational expenditure. It should be realized that a limited amount is available for providing financial assistance to the students. Therefore serious effort should be made to raise funds (loan /scholarships) from all other sources available before applying to the ALUMNI Association for financial assistance.

Document Change Control

Version	Details
3.7	<ol style="list-style-type: none"> 1. Version for year 2013 – 2014 with changes included learned from previous year 2. Added personal information field including registration number, secondary phone number, email address, hostel and permanent address. 3. Added academic information including class, batch ranking, entrance test score, secondary and higher secondary school scores, grades. 4. Added Parent's status and guarantor's information.
3.8	<ol style="list-style-type: none"> 1. Added full name and registration number on the cover page. 2. Added "out of" field for ranking in academic section. 3. Added relationship field for financial assistance section and income section. 4. Fixed son / daughter of field on the declaration page. 5. ----- Add other expenses like home loan etc
3.9	<ol style="list-style-type: none"> 1. Office address Changed and version and year updated
4.0	<ol style="list-style-type: none"> 1. Changed to Adobe PDF Form with automatic as well as manual submission through Adobe reader

GENERAL INFORMATION / INSTRUCTIONS

1. Completing the Electronic Form:

- a. Make sure you have downloaded the latest version of the form as a Adobe Acrobat PDF document with fillable form fields.
- b. Fill out all of the information requested to the best of your knowledge in the Adobe PDF document.
- c. Only electronically filled applications will be entertained. Press Submit form in Adobe Reader.
- d. The application form should be completed in its original format. If you need to incorporate any additional information create a separate document.
- e. Use proper and formal language, grammar and spelling in filling the form. Properly capitalize your text, spell check and avoid all caps while filling out descriptive fields.

2. Furnish Supporting Documents: Provide as many of the following supporting documents as possible with your application to strengthen your case. Alumni Association may ask you to furnish other documents after reviewing your application. You application may not qualify as complete and might be rejected in absence of these supplemental documents.

- a. Latest income certificates from employer for all earning family members, clearly stating salary and details of all allowances and benefits.
- b. Income tax and wealth tax return of all earning family members.
- c. Bank statements for all accounts held by family member for a period of at least one year immediately preceding the date of Application.
- d. Monthly bills of electricity, phone, and gas for last three months bearing the same address as your residential address.
- e. Any other relevant documents necessary to support your application.

3. Right to Verify: Please note that the Association holds the right to independently verify any information submitted by an applicant.

4. Complete Disclosure: Applicants are reminded that it is their responsibility to file a complete and fully supported financial assistance form.

5. Interview Process: Applicants and their parents / guardians may be interviewed in connection with the application.

Note: Please be sure that the information contained herein will be used only to determine your eligibility or otherwise for scholarship.

PERSONAL INFORMATION

1.	Applicant's Name	First	Middle	Last
2.	GKI Registration No.			
3.	Mobile Numbers	Primary	Secondary	
4.	Landline Phone Numbers	Primary	Secondary	
5.	Email Addresses	Primary. Secondary.		
6.	Applicant's CNIC			
7.	Hostel Address	Hostel	Room	
		GKI Institute, Topi, District Swabi, KPK		
8.	Home Address	Street		
		City	State/Province	Country
9.	Permanent Address (If different from home address)	Street		
		City	State/Province	Country
10.	Marital Status	Select a status Choose a value		

PARENTS / GUARDIAN

11.	Father's Name	First	Middle	Last
12.	Father's CNIC			
13.	Father's Status	Select a status Choose a value		If deceased then provide date of death
14.	Mother's Name	First	Middle	Last
15.	Mother's CNIC			
16.	Mother's Status	Select a status Choose a value		If deceased then provide date of death
17.	Guardian's Name	First	Middle	Last
18.	Guardian's Relationship			
19.	Guardian's CNIC			

ACADEMIC PROFILE

20.	Faculty	Select a faculty Choose a value			
21.	Current Cumulative GPA				
22.	Semester GPAs	1.	2.	3.	4.
		5.	6.	7.	8.
23.	Grades Secured (Number of courses where you secured a particular grade)	A.	B.	C.	D.
		F.	I.	W.	
24.	Current Ranking	out of Class Rank (in your batch)		out of Faculty Rank	
25.	GKI Admission Test	Score		Position / Rank	
26.	High Secondary School Certification (FSc or A-Levels)	A-Level Scores		FSc Score	
		High School / College Name			
		City	State/Province	Country	
27.	Secondary School Certification (Matriculation or O-Levels)	O-Level Scores		Matriculation Score	
		High School / College Name			
		City	State/Province	Country	
28.	List of all societies and groups you are part of	1.	2.	3.	
		4.	5.	6.	
29.	What is the target GPA you can secure in the next semester?				

FINANCIAL ASSISTANCE REQUIRED

30.	Minimum amount of Assistance Required for next academic year. (Your chances of securing assistance will increase depending on how much you can manage yourself. This amount cannot be higher than the next year's tuition fee.)	Rs.
31.	How did you pay the tuition fee in the previous years? (Provide details about all previous years at GIK Institute.)	
32.	Have you contacted any Alumni Member(s) for financial assistance in the past? (If yes then provide total amounts received)	Select a value Choose a value Rs. Total amount received

33.	Have you received financial assistance from GIKI Alumni Association in the past? (If yes then provide annual amounts received from Alumni Association)			Select a value Choose a value
	Rs. 1st Year	Rs. 2nd Year	Rs. 3rd Year	Rs. 4th Year
34.	Guarantor's Name	First	Middle	Last
35.	Guarantor's CNIC			
36.	Guarantor's Home Address	Street		
		City	State/Province	Country
37.	Guarantor's Permanent Address (If different from home address)	Street		
		City	State/Province	Country
38.	Guarantor's Father's Name	First	Middle	Last
39.	Guarantor's Father's CNIC			

FAMILY DETAILS

40.	Total number of living family members (including your parents, siblings, yourself and your spouse and kids if you are married)	
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41.	Particulars of the family members receiving education: (for all of your siblings including yourself)		
No	Name / Relation	Class (Program) / Institution	Annual Fee
1.	Name Relation	Class / Program Institution	Rs.
2.	Name Relation	Class / Program Institution	Rs.
3.	Name Relation	Class / Program Institution	Rs.
4.	Name Relation	Class / Program Institution	Rs.
5.	Name Relation	Class / Program Institution	Rs.

INCOME AND ASSET DETAILS

42. Details of financial assistance received by the applicant or his family members for education:

No	Beneficiary Name	Donor Agency / Type of Aid (Grant, loan, scholarship etc.)	Annual Amount / Duration
1.	Name Relation	Agency Type of aid	Rs. Annual Amount Duration
2.	Name Relation	Agency Type of aid	Rs. Annual Amount Duration
3.	Name Relation	Agency Type of aid	Rs. Annual Amount Duration
4.	Name Relation	Agency Type of aid	Rs. Annual Amount Duration
5.	Name Relation	Agency Type of aid	Rs. Annual Amount Duration

43. Family income from salaries including pension:

No	Family Member	Employer / Type of Business	Annual Income
1.	Name Relation	Employer Type of Business	Rs.
2.	Name Relation	Employer Type of Business	Rs.
3.	Name Relation	Employer Type of Business	Rs.
4.	Name Relation	Employer Type of Business	Rs.
5.	Name Relation	Employer Type of Business	Rs.

44.	Family income from business:	
No	Type of Business	Annual Income
1.		Rs.
2.		Rs.
3.		Rs.
4.		Rs.
5.		Rs.

45.	Family income from investment and property:	
No	SOURCE (Dividend interest/rental income (Stocks, Bonds, Debentures, NIT Units, ICP, Bank Accounts, FEBC's Saving Certificates etc and Residential or Commercial Property)	Annual Income
1.		Rs.
2.		Rs.
3.		Rs.
4.		Rs.
5.		Rs.

46.	Family Income from agriculture:		
No	Land (Area and Location)	Barani / Irrigated	Annual Income
1.		Select a type	Rs.
2.		Select a type	Rs.
3.		Select a type	Rs.
4.		Select a type	Rs.
5.		Select a type	Rs.

47.	Details of Vehicles owned by the family:	
No	Make and Model	Market Price
1.		Rs.
2.		Rs.
3.		Rs.
4.		Rs.
5.		Rs.

48.	Plots, houses and commercial property owned by the family:	
No	Property Size and Location	Market Price
1.		Rs.
2.		Rs.
3.		Rs.
4.		Rs.
5.		Rs.

49.	Investment of family:	
No	Type of investment including Stocks, bonds, Debentures, NIT Units, ICP, Bank Accounts, FEBC's Foreign Currency Accounts, Saving Certificates etc.	Market / Face Value whichever is higher
1.		Rs.
2.		Rs.
3.		Rs.
4.		Rs.
5.		Rs.
6.		Rs.
7.		Rs.

50.	Servants employed:	
No	Type / Nature of Servant	Annual Salary
1.		Rs.
2.		Rs.
3.		Rs.
4.		Rs.
5.		Rs.

51.	Details of other movable assets held by the family:	
No	Asset	Quantity / Weight
1.	Refrigerator	
2.	Deep Freezer	
3.	Television	
4.	Dish Antenna	
5.	Telephone Line	
6.	Mobile Phone	

7.	Jewellery Items	
8.	Air-Conditioners	
9.	Computers (Laptops, desktops)	
10.	Other:	

52.	Do you visualize making some alternate financial arrangement? If Yes, then provide detail below:	Select a value

53.	Briefly describe your situation resulting in the need for financial aid. (You may be required to provide proof or reference for your particular situation)	

TERMS AND CONDITIONS

The scholarship provided is subject to following terms and conditions:-

1. The loan/aid will be interest free but shall be subject to administrative charges at the rate of 1% per annum on the amount of the loan / scholarship.
2. Loan/aid and the administrative charges shall be repayable in semi-annual instalment of Rs.10,000/- or such lesser amount as will not exceed the outstanding amount.
3. The first such instalment will become due and payable on completion of five years from the date of first disbursement of the loan or one year after completion of Bachelor Degree programme; whichever is earlier.
4. The student and his/her parent/guardian shall be required to sign a prescribed agreement on stamp paper/promissory note of appropriate value.
5. The student shall be required to provide personal guarantee of a third person/surety for payment of the loan, in case of the student's failure to pay the same.
6. The loan/aid will be provided on a yearly basis, whereas GIKIAA does not take responsibility for continued loan/aid for the remainder of your studies, every case will be evaluated at the end of the term, and renewal will be on basis of how responsibly the candidate has improved and shown commitment and responsibility. Your end of term results will be a direct reflection of this. Any drop in results will terminate any future loan/aid automatically. This loan is being provided on an individual yearly basis, the provision of loan in one year does not qualify you for the years ahead. The complete process needs to be followed for requesting a loan every time.
7. The amount of loan/aid and administrative charges shall become immediately due and payable to the Association in case of cancellation of registration of the student from GIKI on account of disciplinary grounds or poor academic performance or voluntary withdrawal / transfer.

DECLARATION

I ___ select a value of ___ do hereby declare that the information provided in this application is true and correct to the best of my knowledge and I understand that withholding or giving misleading and or any false statement by me will render me disqualified for assistance.

ZAKAT ELIGIBILITY

I ___ select a value of ___ do hereby declare that I select a value for receiving this financial assistance in the form of Zakat.

Signature of the applicant _____

The information furnished in the application above is hereby verified and confirmed to be true and correct.

Signature of the applicant's Father / Guardian _____

Date:

Place:
