

WIN EDUCATIONAL TRUST

Reg. Public Trust No.: E20467 (Mumbai)

67/69 Hazrat Abbas (a.s) Street, Dongri, Mumbai 400009 India.

Email: wineducation110@gmail.com Tel: 022-23433540

Educational Aid Application Form

No. _____

Appln. Form accepted by WIN Staff on Date _____

1. Name of Student _____ First Name _____ Father's Name _____ Surname _____	Paste recent Passport Photograph (3cm x 4cm)
2. <input type="checkbox"/> Male <input type="checkbox"/> Female 3. Date of Birth ___/___/____ 4. Caste _____ Sect _____	
5. Residential Present Address _____ _____ Area _____ City / District _____ Pincode _____	
6. Tel./Mobile Nos. Student _____ Email _____	
7. Last Exam Passed / Appeared (Attach Mark sheet also) _____ Marks _____	
8. Class / Course (Admitted / Applied) _____	
9. Name of School / College / Institution _____ <input type="checkbox"/> Govt. Aided / <input type="checkbox"/> Unaided	
10. School / College Phone No. _____ Area: _____ Pincode _____	
11. (A) Total School / College Course Fees (for Academic Year _____) Rs. _____ (B) Help Received & Expected from Family / Relatives / other Trusts Rs. _____	
12. Cheque to be issued in favour of _____	

Family Details

13. Father's First Name _____ Profession _____ Monthly Income Rs. _____
14. Mother's First Name _____ Profession _____ Monthly Income Rs. _____
15. Total Family Members _____ Names / Age (*PTO) _____
16. No. of Children Studying _____ Names(s) / Class (*PTO) _____
17. No. of Earning Family Members: _____ 17. Total Monthly Income of Family Rs. _____
18. Total Fees *for year _____) of the children Studying Rs _____
19. House Family Staying in Own Rental (Rs _____/month) Others (Give Details) _____
20. Other Members of Family being Funded by WIN (with Details) _____

Sign of Student / Parent / Guardian

Referred by _____

Amount Sanctioned Rs _____

By Cheque No. _____ Dated _____

Favoring _____

I say, Received the Cash / Cheque

Student or Parent Sign./Thumb Impression

FAMILY DATA

(a) Non-Studying Members

Name	Age	Relation	Educational Qualification	Occupation	Monthly Income	Name & Address of Employer or Business
1.						
2.						
3.						
4.						
5.						

If expired, please write "expired" in age column

(b) Studying Members excluding the applicant:

Name	Age	Class in which studying	Whether scholar of this trust	Name & Address of Employer or Business
1.				
2.				
3.				
4.				
5.				

Documents (Only Xerox Copies) Attached along with:

Please tick the documents submitted by you

- Last School Exam passed Result
- Salary Per Month Certificate of Parent from Employer (on Letterhead with Address & Phone No.)
- Receipt of School / College Fees paid for year _____/_____
- Fees Structure for Year _____ from School / College
- Student's School / College Identity Card
- SSC HSC Last Exam Results (for FYJC to PG)
- Electric Bill
- Ration Card
- Copy of Agreement

NOTE: APPLICATION BELOW 50% MARKS WILL NOT BE CONSIDERED FOR FEES SCHOLARSHIP OR LOAN AMOUNT

Scholarship Cheque will be issued in the name of College / Institute.

No Cheques on personal name will be issued.

FOR OFFICE USE ONLY

Application received on _____ Sanctioned on _____ By _____

Forwarded to _____ On _____ Read with comments on _____

Sanctioned for Rs. _____ Subject to applicant furnishing _____

Managing Trustee