

Vidyarohan Scholarship Application Form

Empowering Kulshreshthas Through Education

An extension of ERF: A Tax-Exempt entity under 501(c) (3) of IRS Code Tax Exempt ID # 45-3841302
530 Lakehurst Rd, Browns Mills NJ 08015 www.kulfund.org +1(609)502-4887 usatma@hotmail.com

Applicant/Student name			
Name of the Parents			
Address (with PIN code) of the family			
Date of birth of Applicant		Number of household members	
Contact Numbers/ E-mail ID			
Total Monthly Income			
Sources of Income			

Reasons for Request for Grant (Please attach extra sheet/s if needed)			
Briefly list your academic achievements thus far (Attach a separate sheet if needed)			
Name & Address of the College/Institute			
Name of the Educational Degree/Program			
Scholarship Amount:	Rs.12,000	Monthly/Annual fees for course of study:	

Bank Name			
Bank Address and Phone Number			
Bank IFSC Code			
Name of the Account Holder/s			
Account Number			

I believe that this scholarship amount will be used for education purposes ONLY. Also, that I may be required to furnish details of how the amount spent. Further, I may have to provide a report upon request regarding my educational performance.	Applicant Signature and Date

(1) I believe that information contained in this application is correct and true to my knowledge. (2) I recommend this application because I believe that the amount of this scholarship will help applicant pursue education and that the amount will be used for that purpose ONLY. (3) I will do my best to provide ERF all the required information/documents in timely manner. (4) When required, I will provide a follow up report to ERF.	Signature of the referring person & date: