



## MARGALLA CADET COLLEGE MURREE

Scholarship Form For The Session 20 \_\_\_\_\_

### 1. Personal Information

Applicant's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

CNIC/B-Form No: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Residential Address: \_\_\_\_\_

### 2. Academic Information

Current/Last School Attended: \_\_\_\_\_

Class Applying For: \_\_\_\_\_

Last Obtained Marks (% or Grade): \_\_\_\_\_

Board/Institution: \_\_\_\_\_

### 3. Family Financial Details

Father's/Guardian's Occupation: \_\_\_\_\_

Monthly Income: \_\_\_\_\_

Mother's/Guardian's Occupation: \_\_\_\_\_

Monthly Income: \_\_\_\_\_

Number of Siblings Studying: \_\_\_\_\_

Any Other Financial Support (if any): \_\_\_\_\_

### 4. Scholarship Category

**(Please tick the relevant box)**

PAF Wards Scholarship

Need-Based Scholarship (Financial Assistance)

Brilliant Candidate Scholarship

### 5. Supporting Documents (Attach Copies)

Recent Passport Size Photograph

Previous Academic Certificates

Parent's/Guardian's Income Proof (**Salary Slip/Business Details**)

B-Form/CNIC Copy

Latest Utility Bill (Telephone / Electricity /Gas/Water)

### 6. Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge. I understand that any false information may result in the cancellation of my scholarship application.

**Applicant's Signature:** \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_