



UAF - Need Based Scholarship Program

FINANCIAL ASSISTANCE FORM

Application Form Academic Year 2009-10

Scholarship is based on assessment of need and merit. Selection will be made on the basis of information provided in this form and investigations for the authentication of given information. Candidate will be required to appear for interview(s). **Incomplete application and claims without supporting documents will not be entertained. Students admitted on self finance/ Self support programs and awarded punishment/ imposed any Major/Minor penalties on disciplinary grounds are not eligible to apply.**

PROVIDING FALSE INFORMATION

Providing false information may result in one or all of the following:

- Cancellation of admission.
- Rustication from the University.
- Initiation of criminal proceedings.
- Disqualification for the award of any future loan/scholarship.
- Refund of all the payment made and / or a penalty equal to total scholarship amount if information provided by the students will be found false at any later stage.

INSTRUCTIONS FOR FILLING THE SCHOLARSHIP APPLICATION FORM:

- ✓ Fill in the form using black ball point pen and write in capital letters
- ✓ Fill in the application form carefully.
- ✓ Make a photocopy of the application form
- ✓ Complete the photocopy form and make sure everything is correct and final
- ✓ Copy all information from photocopied form to the original form
- ✓ Submit duly completed application form in the Student Financial Aid Office (SFAO) well before due date.
- ✓ Furnish factual, comprehensive and authentic information in the form
- ✓ For family financial reporting, parents/guardian may be consulted for guidance
- ✓ Whenever in doubt or lost, seek help from the Focal Person/ Director Development or Student Financial Aid Office.
- ✓ Check your application for spellings, grammatical errors and oversights
- ✓ Keep a photocopy of the filled-in application form for your record
- ✓ Ensure that you have attached all the required documents by putting a tick mark in checklist
- ✓ Answer all questions. Those not applicable should be marked "N/A"

Definitions:

Family: Father, mother(s), brother(s), sisters(s), Maternal / Paternal Uncles (s) & Aunts, Grandparents etc.

Application Form Check List

SN	Description	Tick the relevant
1	Copies of computerized NIC of	
	Father	<input type="checkbox"/>
	Mother	<input type="checkbox"/>
	Guardian	<input type="checkbox"/>
2	Income Tax Certificate	
	Father	<input type="checkbox"/>
	Mother	<input type="checkbox"/>
	Guardian	<input type="checkbox"/>
3	Copy of last Income Tax Return of	
	Father	<input type="checkbox"/>
	Mother	<input type="checkbox"/>
	Guardian	<input type="checkbox"/>
4	Salary Certificate of	
	Father	<input type="checkbox"/>
	Mother	<input type="checkbox"/>
	Guardian	<input type="checkbox"/>
5	Copies of last twelve (12) months utility bills	
	Electricity	<input type="checkbox"/>
	Gas	<input type="checkbox"/>
	Telephone	<input type="checkbox"/>
	Water	<input type="checkbox"/>
6	Attested copy of rent agreement	<input type="checkbox"/>
7	Copies of last & latest fee receipts of self and siblings *	<input type="checkbox"/>
8	Copies of Medical bills/ expenditure related documents	<input type="checkbox"/>
9	Copies of pervious scholarship(s) attained	<input type="checkbox"/>
10	Statement of Purpose	<input type="checkbox"/>

* Siblings are brother & sisters

Tick the Section When Completed

I	Section A: Personal and family information	<input type="checkbox"/>
II	Section B: Cumulative information of Self, Parents & Guardian Assets	<input type="checkbox"/>
III	Section C: Financial arrangements for current year	<input type="checkbox"/>
IV	Section D: Educational Record	<input type="checkbox"/>

DO's:

- Send your application by hand to the SFAO.
- Place documents in right order as per above sections (1 to 10)
- Put all amounts in Pak Rupees.
- Do consult with parent(s)/guardian(s) for financial data accuracy & reliability
- For the information not present/relevant write in capital letters **N/A**

DO NOT:

- Provide False/vague/ incomplete information.
- Overwrite/ scratch on the form.

Name of the**Department/Faculty/College/Institute:** _____**Degree Title / Program:** _____**Section A: Applicant Personal and Family Information**1. **Applicant's Name:** _____ Gender: Male Female 2. University Reg.No /Roll
No and Section:3. CNIC No. - - 4. Marital Status Single Married Divorced

5. Age : _____ Place of Birth _____

6. Present Address _____

7. Permanent Address: _____

8. Are you currently working : Yes No

9. If answer is Yes to Section No. 8, complete the sections (9-13)

Designation: _____ Name of Employer /Company: _____

10. Previous Employer/Company Name (if applicable): _____

11. Total Monthly Gross Income Rs. _____

12. Total Monthly Take Home Income Rs. _____

13. Total Annual Gross Income Rs.: _____ NTN No. _____

* Take Home Income: Salary / Pay available after deduction of taxes, provident fund charges etc.

14. Tel (Res.): _____ Mobile: _____

15. Email: _____

16. Total Members in the Family: _____

17. Total Family Members currently living with you: _____

18. Total Number of Brothers/Sisters married _____

S #	Name of Family Member (s)	Relationship	Marital Status	Remarks**
1				
2				
3				
4				
5				
6				
7				

**Remarks: List down the number of dependents supported by married brother(s)/ sister(s)

19. Total Earning Members in Family: _____

20. Details of Family Members Earning:

S #	Family Member Name	Relationship	Family Member occupation ***	Organization Name	Designation	Monthly Gross Pay/Earning	Remarks
1							
2							
3							
4							
20	Total Monthly Family Income (add self income, if applicable) Pak Rupees						

*** Family Member Occupation classification

1. Government Service (Specify the employment grade /BPS.
2. Private Job
3. Agriculture/Farming
4. Own Business (Self /Employed). Details/nature of self business need to filled in at remarks column
5. Others Expenses

21. Total No of family members not earning _____

22. Brothers/Sisters/Children/Family Members studying _____

Details of Siblings Studying

S #	Name	Relation with applicant	Name & Address of Institute	Fee per Annum (Rs)
1				
2				
3				
4				
5				
6				
22	Total Fees & Tuition Charges			

23. **Father's Name:** _____ C.N.I.C. No _____24. Status: Alive Deceased 25. Professional status: Employed Retired Business Owner

26. Name of Company/Employer: _____

27. Address: _____
28. Tel (Off): _____ Mobile: _____
29. Occupation Type: _____
30. Designation & Grade (BPS): _____
31. Total Gross Monthly Income (Salary/ Pension/ Others) Rs.: _____
32. Total Net Monthly Take Home Income (Salary/ Pension/ Others)Rs. _____
33. Previous Occupation (if applicable): _____
34. Total Annual Income Rs.: _____ NTN _____
35. **Any Other Supporting Person (Mother/ Guardian/ Brother/ Sister/Family Relative/Guardian):**
36. Name: _____ Relationship: _____
37. Address: _____
38. Tel (Off/Res) _____ Mobile No. _____ CNIC No. _____
39. Occupation _____
40. Designation _____ Name of Company/Employer _____
41. Total Monthly Gross Income (Salary/ Pension/ Others) Rs. _____
42. Total Net Monthly Take Home Income (Salary/ Pension/ Others) Rs.: _____
43. Total Net Annual Income Rs. _____
44. Monthly Financial Support Available to Applicant Rs. _____

45. Asset Income (on monthly basis)

S #	Income Source	Father	Mother	Spouse	Self	Other	Total
1	Property Rent (Rs)						
2	Land Lease (Rs)						
3	Bank Deposits* (Rs)						
4	Shares / Securities* (Rs)						
5	Other (Specify) (Rs)						
45	Total (Rs)						

* For sources with annual income returns, kindly report the monthly income earned

46. Total Family Monthly Income (Rs)

S #	Family Member Name	Relationship	Monthly Income from Assets (Sec. 45)	Monthly Gross Pay/Earning	Monthly Net (Take home) Pay/Earning
1					
2					
3					
4					
5	Applicant Monthly Gross Pay/Earning (Sec. 11)				
6	Applicant Monthly Net (Take home) Pay/Earning (Sec. 12)				
46-A	Total Monthly Income (Rupees)				
46-B	Total Annual Income (Rupees)				

47. FAMILY EXPENDITURES**48. Accommodation Expenditures**

Type: Bungalow Apartment /Flat Town House Village House

Status: Rented Self or Family owned Employer / Govt Owned

Rent Payment: Self Employer/Govt Others

House Plot Size in Sq. ft. _____ Covered Area in Sq. ft. _____

S #	Accommodation Location /Address	Bed Rooms (No)	Air conditioners (No)	Accommodation Monthly Rent (Rs)	Accommodation Annual Rent (Rs)
		1-2 <input type="checkbox"/>	1-2 <input type="checkbox"/>		
		2-4 <input type="checkbox"/>	2-4 <input type="checkbox"/>		
		4-6 <input type="checkbox"/>	4-6 <input type="checkbox"/>		
		6-8 <input type="checkbox"/>	6-8 <input type="checkbox"/>		
		Above 8 <input type="checkbox"/>	Above 8 <input type="checkbox"/>		
48	Total Accommodation Rental Expenditure (Rs)				

Any other house/flat owned by the Parents/Guardian (if yes please specify with location and size) _____

49. Utilities Expenditures

Last Month Utilities Paid (Rs)			
Telephone	Electricity	Gas	Water

Average of Last twelve Months (Per Month Utilities Bills) (Rs)					
	Telephone	Electricity	Gas	Water	Total
49					

50. Monthly Food /Kitchen Expenditures Rs. _____

51. Monthly Medical Expenditures: (Average of last twelve months) Rs _____

52. Monthly Travelling/ Miscellaneous Expenditures Average of last twelve months Rs. _____

Total Family Expenditures (Rs)

S #	Education Expenditure (Sec. 22)	Accommodation Expenditure (Sec. 48)	Utilities Expenditure (Sec. 49)	Food Expenditure (Sec. 50)	Medical Expenditure (Sec. 51)	Misc. Expenditure (Sec. 52)	Total Monthly Expenditure (52.A)	Total Annual Expenditure (52.B)
52								

S #	Description	Amounts (Rupees)
(Sec.46-A)	Total Monthly Income	
(Sec. 52-A)	Total Monthly Expenditure	
53-A (46.A – 52.A)	Net Monthly Disposable Income*	

S #	Description	Amounts (Rupees)
(Sec.46-B)	Total Annual Income	
(Sec. 52-B)	Total Annual Expenditure	
52-B (46.B – 52.B)	Net Annual Disposable Income*	

* If the monthly / Annual Disposable Income is negative, kindly explain the reasons for the gap, and the arrangements through which this negative gap is met by the family

Section B: Cumulative information of Self, Parents and Guardian Assets

Assets (with current market value)

53. Does the family own any Transport? Yes No

If yes kindly fill the relevant details

S #	Transport Type (Car/ Motor cycle/ Others*)	Make /Model	Engine Capacity (CC)	Registration No.	Ownership Period
1					
2					
3					
4					

* Others: include tractor, rickshaw, bi-cycle, motorcycle rickshaw, carriage pickup, truck etc.

54. Number of Cattle(s) (with kind) _____

55. Area and location of Land(s)/Plot(s) owned _____

Assets Title	No.	Total size (sq.ft)	Location (Address)	Cultivable Area	Agricultural Yield per Acre
Residential					
Commercial					
Agricultural					
Employer/ Scheme	Govt				

56. Assets worth (Current Market Value in Pak. Rs.)

S #	Assets Title	Father	Mother	Spouse	Self	Guardian	Total
1	House						
2	Business						
3	Land & Building						
4	Bank Balance						
5	Stocks/Prize bond						
6	Others/ Cattle(s)						
56	Total						

57. Taxes paid (per annum. Rs) _____

Section C: Financial arrangements for current year

58. Funds Availability for Applicant Education (per annum in Pak Rupees)

S #	Income Source	Father	Mother	Spouse	Self	Other	Total
1	Salary / Earnings						
2	Family / Friend Advances & Loan *						
3	Bank Loan						
4	Other (Specify)						
58	Total						

* Family/ Friend Loan
(Specify relationship with the relative / friend)

59. Any source of financing other than this scholarship (Please specify)_____

60. How were the admission /first semester university charges paid?

Section D: Applicant Educational Record
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Level of Study	Name and Location of Institute	Monthly Fee (Rs)	From-To month/ yr.	Division/ GPA /Grade	%age / CGPA
B.Sc					
F.Sc					
Matriculation					

61. Monthly fee/ tuition charges of the Institution last attended Rs. _____

62. Have you been ever awarded any other scholarship before: Yes No

(If yes fill the details of scholarships & attach documentary proof of the scholarships)

S #	Name of Institute	Scholarship Name	Monthly Scholarship (Rs)	Scholarship Period	Class / Level at which Scholarship granted
1					
2					
3					

Statement of Purpose (Explain your suitability for this scholarship) - attach separate sheet if required

UNDERTAKING

- The information given in this application is true to the best of my knowledge and I understand that any incorrect information will result in the cancellation of this application. If any information given in this application is found incorrect or false after the grant of financial assistance, the UAF will stop further assistance and the student will have to refund all payment received and or penalty equal to total scholarship amount paid to candidate.
- The UAF reserves the right to verification the information given in this form.

Date:

Date:

Date: Parents / Guardian Signature _____

Applicant Signature: _____

Hall warden for Boarders _____

DSA for Non-boarder _____

For Official use only

Are the applicant's documents in order? Yes No

The notices furnished to the applicant for furnishing required documentation

S #	Notice Date	Document Name Missing	Document Submission Date	Remarks
1				
2				
3				
4				

Signature
(Receiving person)

Additional Remarks

SPECIMEN

To be executed on stamp paper, Other papers not acceptable, type one side of paper only.

This Affidavit needs to be submitted after final selection

Deed of Agreement

For Undertaking a Course of Studies under the scheme” UAF- Need Based Scholarship Program for UAF Students “

Mr./Ms. _____

Son/ daughter of _____

CNIC No. _____

University Reg. No/ Roll No. _____

Dept./Faculty/Inst./College _____

Hereby called the approved student has been selected by University of Agriculture, Faisalabad for the award of scholarship under UAF-Need based scholarship program in the field of study of (discipline)_____ for completion of _____ (program). The approved student has agreed to accept the award of the scholarship on the terms and conditions governing the scholarship award.

Now this deed witnesses as under:

- i) The payment of amount(s) admissible under the scholarship program shall be made subject to the complete adherence to all rules and regulations governing the scholarship program as well as satisfactory performance in the authorized studies.
- ii) The student shall not change the specified course of studies nor register himself/herself for any other course or program without prior approval of the University.
- iii) The student shall not extend the specified period of studies.
- iv) In case the scholar fails to qualify the course/degree for which he/she was awarded scholarship, the UAF reserves the right to recover all the payment received and or a penalty equal to total scholarship amount from the scholars/Guarantor.
- v) The parents/Guardian of the student are unable to financially support his/her education.
- vi) The scholarship will be terminable in the following cases:
 - a) If the student fails to maintain class attendance of 75%
 - b) If the student is involved in malicious/undesirable activities.
 - c) If the student fails to obey or act in accordance with UAF order directing him/her, he/she will be liable to action under the acts/rules in force in the country.
 - d) If the student is punished because of his involvement in violation of the university rules, damage to institute property, misbehavior with staff or colleagues or any other disciplinary action.
 - e) **If the information provided by the student is found incorrect at any time during his study period.**
 - f) If the student fails to maintain academic standards of the university.

AND THE STUDENT FURTHER COVERNANTS, that in case of breach of any of the above terms and conditions as well as the rules those governing scholarship award and / or his/n her failure as directed by the UAF for the specified period, the student shall be bound to obey the orders as prescribed and assessed by the UAF shall be final and conclusive.

IN WITNESS WHEREOF, the parties aforementioned have signed this deed in token of acceptance thereof.

Date:

Date:

Signature of Student _____

Signature of Parent/Guarantor _____

Name:

Name:

CNIC No:

CNIC No:

Signature of Witness No. 1 _____

Signature of Witness No. 2. _____

Name:

Name:

CNIC NO:

CNIC NO:

Note: Perhaps required after the award

