



## Usman Moon Scholarship Form

### Documents to be attached:

- 1) Two recent photographs
- 2) Applicant's B Form
- 3) Latest school result
- 4) CNIC of Father/ Guardian (in case father has deceased, his death certificate)
- 5) Income verification :
  - Attested pay slip of father / guardian from the company in which he is employee.
  - If source of income is other than salary, than any other supporting document confirming the mentioned income (e.g. rent agreement in case of property income).
- 6) Utility bills (Gas , Electricity and Telephone) for the last month
- 7) Rent agreement (If the applicant is tenant)

### Terms & Conditions:

- a) Students are required to bring originals and photocopies of the required documents for attestation.
- b) The amount of assistance will be at the discretion of the Management Committee depending on the circumstances of each case.
- c) Information provided by the candidates supporting their application and verification etc would be kept strictly confidential.
- d) Incomplete applications and non -submission of all required documents would result in rejection of application.
- e) Student will be informed about the date of interview of his/her parents/guardian by ILM officials.
- f) ILM reserves the right to conduct enquiries for verification.
- g) ILM reserves the right to share the necessary information to its Members / Donors.
- h) The assistance will be provided for one year except mentioned in clause 'i'. Recipients will be eligible to reapply for future assistance.
- i) Academic progress of the student will be reviewed each semester, and the assistance provided will be ceased at once for remaining period and would be repayable within six months by the parents / guardian, if :
  - i) the student is found guilty of any misconduct in the School,
  - ii) any negligence is found on part of student during the continuance of his/her studies,
  - iii) he / she fails in any of the examination conducted by the School during the period for which assistance is provided. Or
  - iv) his/her attendance falls below 75% during any month.

If any of the above clauses is proved, the student will not be eligible to apply for the Usman Moon Scholarship in future.

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

\_\_\_\_\_  
Date

Title of Case (Name of Guardian)

Contact number

Case Referred By

Complete Address:

| Name of Student | Age | Class | Monthly Fees | Name of School | Remarks |
|-----------------|-----|-------|--------------|----------------|---------|
|-----------------|-----|-------|--------------|----------------|---------|

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## 1 Details of Guardian

The information provided must be in conformity with the certified documents provided.

Name of Father / Guardian

Occupation

Education

Gross Salary

## 2 Details of Major Household Expenses

The information provided must be in conformity with the documents provided.

Rent

Utilities ( Electricity + Gas + Telephone + Water )

Food + Other General Expense

## 3 Details of Family Members (Mention family members who are currently dependant on father / guardian)

All your information disclosed will be treated in the strictest confidence and will not be passed on to anyone

Name of Children /Age

|    |   |
|----|---|
| 1- | / |
| 2- | / |
| 3- | / |
| 4- | / |
| 5- | / |
| 6- | / |

#### 4 Declaration

All your information disclosed will be treated in the strictest confidence and will not be passed on to anyone

I solemnly declare that whatever stated above is true and correct to the best of my knowledge and belief, and is complete in all respects.

Name

Date

|                      |                                  |
|----------------------|----------------------------------|
| <input type="text"/> | <input type="text" value="- -"/> |
|----------------------|----------------------------------|

Parent's / Guardian's Signature

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

#### 5 Zakat Declaration (if applicable)

All your information disclosed will be treated in the strictest confidence and will not be passed on to anyone

I declare that I am eligible for financial assistance made from Zakat as per Shariah and I authorize ILM Society to pay the fees and related expenses from Zakat Fund on my behalf.

Name

Date

|                      |                                  |
|----------------------|----------------------------------|
| <input type="text"/> | <input type="text" value="- -"/> |
|----------------------|----------------------------------|

Parent's / Guardian's Signature

|                      |
|----------------------|
| <input type="text"/> |
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#### 6 For office use only

|                          |       |
|--------------------------|-------|
| Interview Taken by Mr. : | Dated |
| Approval Status :        |       |
| Remarks :                |       |
| <input type="text"/>     |       |
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