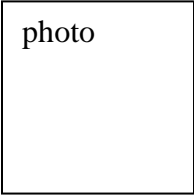


Society of Ex-Budhanilkantha Students (SEBS)
Nationwide Scholarship Programme (NSP)
P.O Box 3616, Kathmandu, Nepal, Phone 977-01-4411390
Email address:nspinfo@sebsonline.org, website:http://nsp.sebsonline.org



Scholarship Application Form

A. Personal Details

1. Student's name
2. Girl/boy
3. Married/ unmarried
4. Date of Birth
5. Place of Birth
6. Permanent Address: VDC/Municipality;.... Ward No;District.....
7. Temporary Address: VDC/Municipality;.... Ward No;District.....
8. Mention if suffering from any illness or physical disabilities

B. Family Information

1. Father's Name
2. Name of the guardian and relation with the student if father is not alive..... (relation)
3. Family size: Total....Brothers.....sisters..... others

C. Educational Information

1. Name of the school currently studying in
2. Address of the school
3. Marks obtained in the previous year's final examinations; marks (%).... Rank... total student ...
4. Marks obtained in this year's half yearly examinations: marks (%).... Rank... total student ...
5. Mention about the participation in Extra Curricular activities
 Inside the School Outside the school.....
6. Mention the position secured in the extra curricular activities

Extra Curricular Activities	Position Secured
.....
.....

D. Financial Details

1. Sources of Family Income- Agriculture/Cottage Industry/Business/ Jobs etc.....
2. Area of land
3. Total production from land: rice..... wheat. millet..... maize ... others ...
4. Approximate value of the land production
5. Father's/Guardian's occupation: Agriculture.... Business.... Jobs....others
6. Occupation, educational qualification and income of other family members

Relation	Educational qualification	Occupation	Annual Income
.....
7. Family member with highest educational qualification
 Relation..... educational qualification..... Educational institution..... Financial source
- 8 Any additional information.....

I have filled the form and the details provided are true. I understand that SEBS/NSP is not liable to provide me scholarships once I fill the form. I will accept the decision of that organization in regards to awarding scholarships.

Applicant

I would like to request SEBS/NSP to award scholarships to my ward. I will allow my ward to continue his/her studies if s/he is provided the scholarship. I will accept the decision of that organization in regards to awarding/continuing scholarships.

Parent/Guardian

The applicant is studying in grade in this school. To my knowledge, the details mentioned in this forms are accurate. The applicant is bright and needy and I recommend the applicant for this scholarship.

Principal

Date

School's seal

District Coordinator's recommendation

District Coordinator's name..... Signature Date.....

For office use only

Approved/not approved

Reason.....

Scholarship Amount

.....

Name Designation..... Signature Date