

Shaikshik Abhiyan

CAMPAIGN FOR EDUCATION

Kathmandu, Nepal

CE is registered with the Government of Nepal in Kathmandu and the Social Welfare Council.

Financial Assistance Application Form 2009 (2066 B.S.)

A complete application to CE for financial assistance requires

- Part 1 and 2 of this form **completely** filled.
- **Marksheet** and **attendance record** of the previous grade (if the applicant attended school last year).

(Note: If the marksheet for last year is not yet available please send the form as soon as possible. You can send the marksheet later. However the application will not be considered for scholarship until the grade-sheet is received.)

Selection Criteria

The most important criteria is that the student should not be able to attend school without external support. Since our goal is to select the most needy students, please do not ask students whose family can support their studies to fill this form.

*Before filling the form please make sure that the applicant satisfies the following **per month** family income criteria (less than or equal to)*

| <i>Number of children</i> | <i>Family Gross income for Urban areas in Rs</i> | <i>Family income for Rural areas in Rs</i> |
|---------------------------|--|--|
| <i>1</i> | <i>4000</i> | <i>3000</i> |
| <i>2</i> | <i>4300</i> | <i>3200</i> |
| <i>3</i> | <i>4600</i> | <i>3400</i> |
| <i>4 or more</i> | <i>4900</i> | <i>3600</i> |

Mailing Information

*Please mail the application to
Campaign for Education
GPO Box 24698
Kathmandu, Nepal*

*or you can also email it to
application@nepalchildren.org*

Applicant's name: _____

Part 1: Information from the Applicant

1 Personal Information

| | |
|---|--|
| Name of the Student (Last Name, Middle Name, First Name) | |
| Recent Passport size photo of the Applicant | |
| Sex (Female/Male) | |
| Age (in years) | |
| Permanent Address (say N/A if not available) | |
| Temporary Address (say N/A if not available) | |
| Contact Telephone (Please try to provide at least one phone number) | |
| Map and Directions. Please draw a map to this applicant's residence and intended school with any relevant directions. Please specify important landmarks. Also please let us know the distance from home to the school the student wants to study and means of transportation (e.g. 10 minutes by walking or 10 minutes by rickshaw etc.). | |

Applicant's name: _____

2. Educational History

| | |
|---|--|
| Has the applicant attended school any time before? (Yes/No) | |
|---|--|

If yes:

| | |
|-------------------------------------|--|
| Name of the school last attended | |
| Address of the school last attended | |
| Grade(Class) last attended | |
| How did you fund school that year? | |

| | |
|--|--|
| Did the applicant attend school in the 2065 B.S. academic year? (Yes/No) | |
|--|--|

If yes:

| | |
|--|---|
| Is the applicant getting promoted to the next grade? (Yes/No) | |
| Which grade is the applicant getting promoted to (in 2066 B.S.)? (Answer only if the answer to the previous question is Yes) | |
| How many days this academic year was the student absent from school? | _____ days out of _____ total school days absent |
| Where does the student rank in his/her studies? | <ol style="list-style-type: none"> 1. Top half 2. Bottom half |

If no:

| | |
|---|--|
| What was the applicant doing in the previous year? (Staying at home, Working etc) | |
| What were the circumstances that led this child to not attend school the prior year? (e.g: school too far, financial reasons, family issue, no motivation for education in family, or anything appropriate) | |

| | |
|--|--|
| Did the applicant ever receive any financial assistance from CE or other organizations in the past years? (Yes/No) | |
|--|--|

If yes:

| | |
|---|--|
| Name of the organization from which the applicant received financial assistance | |
| Years during which the financial assistance was received | |

3. Health Information

| | |
|---|--|
| Does the applicant suffer from any disability or health problem? (Yes/No) | |
|---|--|

If yes:

| | |
|--|--|
| Describe the disability or health problem | |
| Was the applicant hospitalized within a year? (Yes/No) | |

If yes:

Applicant's name: _____

| | |
|--------------------------------------|--|
| Why? When? For how many days? | |
|--------------------------------------|--|

4. Family and Financial Information

| | |
|---|--|
| Does the applicant have any siblings? (Yes/No) | |
|---|--|

If yes:

| Sibling's Name | Relationship (Brother/Sister) | Age | Highest Education | Currently (Studying, working etc) | If studying, private or a public school? | If studying, who is bearing the cost involved? |
|----------------|----------------------------------|-----|-------------------|---|---|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | |
|---|--|
| Father's Name | |
| Father's Occupation (If not known say N/A) | |
| Father's Marital Status (Married/Divorced, etc.) | |

| | |
|---|--|
| Mother's Name | |
| Mother's Occupation (If not known say N/A) | |
| Mother's marital status (Married/Divorced/Abandoned/Widow, etc.) | |

| | |
|--|--|
| Non-farm income of the family last year (If not applicable say N/A) | |
| Family earnings last year from selling agricultural products (If not applicable say N/A) | |
| Any other source of (e.g. remittances, gifts, etc) of family income (If not applicable, say N/A) | |
| ANSWER ONLY IF YOU GROW YOUR OWN FOOD: if you had to buy the food that you grow for your family in the market, how much would it cost ? (Say N/A if you don't grow food) | |
| Does the family own a house ? (Yes/No) | |

If yes:

| | |
|---|--|
| How much would your house cost if it were built now ? | |
| What type of roof does the house have ? (Khar, Stone, tin etc) | |

| | |
|---|--|
| Does the family of the applicant own any other property? (Yes/No) | |
|---|--|

If yes:

| | |
|---|--|
| Give the description of the property owned. | |
| Estimate worth of the property in rupees | |

Applicant's name: _____

| | |
|---|--|
| Who is supporting the applicant currently? <i>(Mother, Father, Grandparents, Uncle etc)</i> | |
| What is the size of the family that is supported by the above stated family income? | |

5. Intended Enrollment Information

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|--|--|
| To which grade does the applicant intend to attend this year? | |
|--|--|

List the school the applicant wants to attend below

| | Name of the School | Distance from home | Reason for attending this school <i>(currently enrolled, vicinity to home etc.)</i> |
|-------------------------------|---------------------------|---------------------------|--|
| First choice | | | |
| Second choice (if any) | | | |
| Third choice (if any) | | | |

Specify below stated fees for your first choice of school *(provide the best estimate if not available. If you overestimate, your application will be rejected.)*

| | |
|-----------------------------------|--|
| Entrance form fee (if any) | |
| Admission fee (if any) | |
| Monthly fee (if any) | |
| Exam Fee (if any) | |

| | |
|--|--|
| Please mention any other anticipated expenses, if any <i>(in rupees)</i> | |
| Specify the purpose for which this amount will be used <i>(Uniforms, Transportation etc.). If possible, please provide detailed break-up of the anticipated expenses.</i> | |
| TOTAL AMOUNT of financial assistance requested for the complete year <i>(in rupees)(This would be the sum of all the above)</i> | |
| How do you anticipate to meet these expenses? | |
| If the amount requested is more than 7500 rupees: As you know, CE does not provide more than Rs. 7500 per academic year. Please let us know how you will fund the remaining amount if you are selected as one of the students? | |

Applicant's name: _____

6. Applicant's Relation to CE

| | |
|--|--|
| Name of the person who recommended the applicant for the scholarship? (if any) | |
| Is the person listed in the above question related to anyone in CE (Yes/No) | |

If yes:

| | |
|---|--|
| Describe how is this person related to CE | |
| Is the applicant a CE member? (Yes/No) | |
| Is the applicant a relative of CE member? (Yes/No. If Yes state the relation) | |

7. Preference List

| | |
|--|--|
| Does the applicant's family not consist of both parents? (Say yes if the family consists of a single mother or single father OR the applicant is an orphan OR if the applicant does not have parents living with her/him, No otherwise) | |
| Does the applicant belong to marginalized groups (Yes if dalit or indigenous, No otherwise) | |
| Highest grade completed by father (provide either grade attended or mention if completely illiterate) | |
| Highest grade completed by mother (provide either grade attended or mention if completely illiterate) | |

8 Additional Information

Use the space given below to provide information and comments that the applicant wishes to convey to the selection committee. Please note that these are not comments from our volunteers.

9 Signature of Guardian

Applicant's name: _____

I declare that all information presented is true, correct and complete at this time and that I will send timely notice of any significant change in our family situation, in family income or assets as reported on this form, or upon receipt of other scholarships or grants for the applicant. I further agree to provide, if requested, any other official documentation necessary to verify the information reported. I understand that the scholarship will be revoked if I have knowingly submitted false or fraudulent information on this application, or concealed financial and other information relevant to this application. I also understand that there is no guarantee of assistance or renewal of funding and all the decisions are made by NCEF on the best information NCEF has.

If the student receives financial support from NCEF/CE, I agree to authorize NCEF/CE to use information related to the children (photo, information about his/her student and school, etc.). My signature below signifies that I have no objection in NCEF/CE using that information for dissemination purposes through internet or other mediums.

(Signature of father, mother, or a legal guardian (in that order of preference) of the applicant)

| | |
|--|--|
| Date | |
| Name of the person preparing the form | |
| Address of the person preparing the form | |
| Relation to the applicant | |
| Signature of the person preparing the form | |

Part 2: Information from the volunteer and coordinator

To be filled by the volunteer/area co-ordinator after Part I is completed. PLEASE make sure that the applicant or his/her family has no access to what you write here. Filling this part is mandatory. The area coordinator/volunteer should understand that additional information provided by her/him describing why they think the applicant deserves the scholarship carries great importance during the selection process and assists greatly in the selection process.

If there are no private schools nearby, you do not need to answer question 1, please proceed to question 2 directly.

1. Based on what you saw and heard (from teachers, neighbors, etc), do you think this family will (Please circle one of the following choices):

| | |
|---|--|
| 1 | Definitely send their children to a private school even without CE support |
| 2 | Most likely send their children to a private school even without CE support |
| 3 | Likely send their children to a private school even without CE support |
| 4 | Most likely not send their children to a private school even without CE support |
| 5 | Definitely not send their children to a private school even without CE support |

If you circle 4 or 5 above, please answer question 2. Otherwise proceed to question 3.

2. Based on what you saw and heard (from teachers, neighbors, etc), do you think this family will (Please circle one of the following choices):

Applicant's name: _____

| | |
|---|---|
| 1 | Definitely send their children to a public school even without CE support |
| 2 | Most likely send their children to a public school even without CE support |
| 3 | Likely send their children to a public school even without CE support |
| 4 | Most likely not send their children to a public school even without CE support |
| 5 | Definitely not send their children to a public school even without CE support |

3. If this child is in school, have you talked to the head teacher or some teachers who know this child but are unrelated to the student? If so, what do they think of this student's financial situation? What about this child's academic interest?

4. Use additional sheets of paper or space below for information and comments that we should consider while reviewing your application. Please explain why this child should be selected. "YOUR INFORMATION IS VERY IMPORTANT TO SELECTION TEAM WHILE REVIEWING APPLICATIONS. Thank you for any additional information you can provide."

Volunteer's comments (if the volunteer is not area co-ordinator, both should write their comments separately)

5. How long does it take for the Area Co-ordinator (either from his home or office) to reach this student's house?

6. How long does it take for the volunteer (either from his home or office) to reach this student's house?

7. How many volunteers are there within 1 hour distance from this student's house?