



Helping Outstanding Pupils in Education (HOPE)™

Application for HOPE Scholarship

Year					
For HOPE Administration Use Only					
Date of receipt of Application					
Pupil Code					
Status	Approved <input type="checkbox"/>	Rejected <input type="checkbox"/>	BPL Verified	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Full Name (In Capital Letters)					
Postal Home Address					
House Name				Photograph	
Town/Village/Taluk					
Post Office					
Pin Code					
District					
Date of Birth		Gender	Male <input type="checkbox"/>		
Email (Optional)					
Mobile Number		Land Line No			
UIDAI Number (Aadhaar)					
Family Details					
Name of Father		Age	Occupation		
Name of Mother		Age	Occupation		
Annual Family Income in INR				# APL <input type="checkbox"/>	# BPL <input type="checkbox"/>
Number of siblings studying					
House		Own <input type="checkbox"/> Rented <input type="checkbox"/> Staying with relative <input type="checkbox"/>			
Land owned in Cents					
State if any of your parents deceased		Father <input type="checkbox"/>	Mother <input type="checkbox"/>	Both <input type="checkbox"/>	
State if your father/mother has any permanent disability that prevents them from working?		Father <input type="checkbox"/>	Mother <input type="checkbox"/>	Both <input type="checkbox"/>	
Educational and School Details					
Name of School					
Standard [As on 1 June]		Division		Roll No.	
Extra-curricular Achievements (Attach separate sheets if required)		School <input type="checkbox"/>	District <input type="checkbox"/>	State <input type="checkbox"/>	

School Address						
Post Office				Pin Code		
Town/Village/Taluk				District		
School Email (Optional)						
Current Expense Details (in Indian Rupees)						
Fees				Uniform		
Books				Tuition		
Others						
Bank Details (Optional)						
Bank Name						
Bank Account Number						
IFSC Code						
Branch Name						
Teacher						
Name						
Mobile Number						
Email						
Mark Details (Final Examination of Grade 7)					Attendance (%):	
Subjects	English	Malayalam	Hindi	Science	Social Science	Mathematics
Marks Secured						
Max Marks						
Grade						
Total Marks		Out of		Percentage Marks		
Note: Total marks and % marks are mandatory						
Other Comments [if any]						
Signature of Teacher				Date		
Head of Institution						
Name						
Mobile Number						
Email (Optional)						
Signature				Date		

***CETA/HOPE Volunteer/Mentor (Optional)**

Name			
Mobile Number		Email	
Comments [if any]			

Declaration

I,hereby certify that the details provided above are correct. I promise that the Educational Support will be used for my educational needs only. I also understand that this is being availed in good faith and I will be obliged to return it to the society whenever I start earning.

Signature of Student**Date****Eligibility Criteria/Conditions**

1. Students will be selected from **Grade 8** of Government and Government aided schools in Kerala.
2. Minimum 80% marks or equivalent grade in the final examination of Grade 7.
3. Continuity of the scholarship will be based on the academic performance and recommendations by the mentor & school authorities (Minimum 80% Marks or equivalent grade).
4. Overall financial status of the family will be considered.
5. If the information provided in this form are found to be false or incorrect, the scholarship will be discontinued forthwith.
6. The decision of the selection committee shall be final.

List of Mandatory Attachments/Information

1. All fields are mandatory unless otherwise mentioned 'optional'. Incomplete applications will be rejected without notification.
2. Recent passport size photograph should be pasted.
3. Copy of Ration Card.
4. Use of additional sheets is allowed if required.

Completed Application is to be sent to the below postal address or Email – hope@cetagalaxytrust.com

CETA Galaxy Charitable Trust, TC 8/1852, Tirumala P.O, Thiruvananthapuram 695 006

APL -Above the poverty line **BPL** -Below the poverty line * **CETA** -College of Engineering Trivandrum Alumni