Scindia School Education

Please mark (\checkmark) if financial support is required for your ward.				
Yes				
No				
If yes, please fill up the form given below:-				
Name of the boy:	Current class and section	House / School No.		
Please mark (\checkmark) , if a student is a new entrant to 'The				
Scindia School'				
Father's name: Moth	r's name: Mother's name:			
Permanent address: Telephone No. :				
In case the student is supported by someone other than	parents:			
Name of the Guardian: Relation with the student:				
Local address:				
Telephone No. :				
• Whether the boy is already on bursary / scholarship granted by the school or any other sources over the past year and what amount —				

• Questionnaire for the parents to give details on the family's financial status. (Please use separate sheets, if required).

1) No. of persons in the family –	2) How many are earning members? If there are more than one earning		
Adults	members, questions 3 - 8 to be		
■ Children	answered independently by each of them?		
3) What are the income sources of the earning members?	4) Please mention the gross income of the earning members -		
Business			
Service			
Profession			
 Business and service 			
 Business and profession 			
Service and profession			
Others			
5) If the earning member is in service, please mention the following details:	6) If the earning member is in business, please mention the followings –		
Name of the organization	 Type of business and the industry 		
 Designation 	 Last year's turnover of the business 		
 Last year's turn over 	Current economic situation of the		
	business		

7) How many children are studying? Please mention the class and name of the school/college and annual expenditure incurred on their education –			
Child Class Name of the school/colleg	e Annual expenditure		
1			
2			
3			
4			
Total			
8) Please mention the club membership, details of the earning members, if any	9) Please indicate the area of your residential accommodation and its status: Area Rent Owned Yes No		
10) Please mention the telephone usage and average monthly bill –	10) How many cars does the family maintain?		
 No. of land-lines telephones and average monthly bill 			
No. of cell phones and average monthly bill			
12) Proof of the family income –			
 Copy of the income tax return of each earning member. 			
Any other declaration, regarding income you would like to make.			

Note:

- School reserves the right to ask from the parents a documentary proof against any information given in the form.
- School reserves the right of cancellation of the proposed scholarship to a student if any information entailed in the form is found to be incorrect or misleading.

Signature of the parent / Guardian

(FOR SCHOOL USE ONLY)

Student's achievement –	
1. Academics	
1. Academics	
2. Games	
3. Any other area	
Housemaster's advice (For school use only):	
120 and 100 (1 or notice).	
School's Decision (For school use only):	
•	
D 4	n · · ·
Date:	Principal