



## Financial Aid Form

**Instructions:** This form is for need based financial aid request only. Merit based scholarships are awarded automatically on previous semester's progress without any application. Continuing Education students are not eligible to apply for financial aid. Providing as much detailed information as possible with documentary evidence will help the committee to understand the financial need of the applicant. Incomplete applications may be rejected.

<b>Roll No:</b> _____	<b>Degree</b>	<b>Program</b>
<b>Name:</b> _____	<input type="checkbox"/> PhD	<input type="checkbox"/> Electrical Engineering
First                      Middle                      Last	<input type="checkbox"/> M. Sc.	<input type="checkbox"/> Computer Engineering
<b>Tel. No:</b> _____	<input type="checkbox"/> B. Sc	<input type="checkbox"/> Engineering Management
		<input type="checkbox"/> Management
<b>Previous semester's GPA</b> _____ <b>CGPA</b> _____	<b>Semester:</b> <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall 200_____	

### UNDERTAKING

1. The information given in this application is true to the best of my knowledge and I understand that any incorrect information will result in the cancellation of this application. If any information given in this application is found incorrect or false after grant of financial assistance, the institute will stop further assistance and the student will have to refund all payment received and or penalty equal to total scholarship amount.
2. SS CASE IT reserves the right to use information given in this form for verification and other purposes.

**Please note that:**

- a. For under graduate students, the signature of parents / guardians is required.
- b. For graduate dependent students, the signature of parents/ guardian is required.
- c. In case of self sponsored students, the signature of the student is required.

Name Guardian / Parents	Relationship with the student	Signature

### For Office Use Only

**Comments:**

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Application Review Date	Amount of Financial Aid Granted

**Signatures of the committee members and department chair**

<b>1.</b>	<b>2.</b>	<u>Department Chair</u>
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**Record Office**

- |  |  |
|--|--|
| <input type="checkbox"/> Information provided to accounts.<br><input type="checkbox"/> Updated information posted in student database.<br><input type="checkbox"/> Student informed about the decision.<br><input type="checkbox"/> Student file updated with this form on _____ |  |
|--|--|

**Personal and Family Information**

<b>Applicant Name:</b>		CNIC No.	
<b>Martial Status:</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
<b>Funding Source</b>	<input type="checkbox"/> Self sponsored	<input type="checkbox"/> Dependent	
<b>Present Address:</b>			
<b>Occupation:</b>	<input type="checkbox"/> Designation		<input type="checkbox"/> Unemployed
<b>Employer Name (if any)</b>			
<b>Previous Employer:</b>			
<b>App. Father's Name:</b>		<input type="checkbox"/> Deceased	
<b>Present Address:</b>			
<b>Father's Occupation:</b>		Designation	<input type="checkbox"/> Unemployed
<b>Employer Name (if any)</b>			
<b>Details of Dependents of funding person.</b>			

**Income Details****Income** (per month in Pak Rupees). Attached Salary Certificates

Income Source	Self	Father	Spouse	Other	Total
Salary					
Other (Business/Rents etc.)					
<b>Total</b>					

**Expenditure Details****Accommodation Expenditures**

Accommodation Type	<input type="checkbox"/> Detached House	<input type="checkbox"/> Semi detached House	<input type="checkbox"/> Flat
Location			
Status	<input type="checkbox"/> Rented	<input type="checkbox"/> Self or Family owned	<input type="checkbox"/> Provided by Employer
If rented monthly Rent			
Rent Payment	<input type="checkbox"/> Self	<input type="checkbox"/> Employer	
Any other house/flat/ Plot owned by the parents/Guardian (if yes please specify location and size)			

**Utilities Expenditures** (Average monthly bill for the periods mentioned). Attach copies of paid bills. (Only those bills are acceptable which have been paid by the applicant or his sponsor from the income he/she has shown.

	June - August	Dec - Feb
Electricity		
Gas		

**Medical Expenditures** (average of last six months) \_\_\_\_\_

**Educational Expenses of Dependents of funding Person.**

Relation with Applicant	Name	Name of Institute (if studying)	Fee/ Month

**Particulars/Description of assets and liabilities of applicant or his sponsor.**

**Assets** (with current market value)

	Particulars	Approx. Value
1	<b>Business (Capital Indicate Name of Business)</b>	
2	<b>Non-Agriculture Property (Indicate location and details)</b>	
3	<b>Agriculture Property (Indicate location and details)</b>	
4	<b>Investments</b>	
5	<b>Motor Vehicles (Indicate make, model, reg. number)</b>	
6	<b>Others</b>	

**Educational Expenses of applicant.**

Level of Study	Name and Location of Institute	From Month/Yr.	To Month/Yr.	Division/GPA/Grade	Average Annual Expenses	Funding Source
Masters						
Bachelors						
Intermediate						

**Documents Submitted with the Application (the application will not be entertained without documents)**

**Description**

- 1 Salary Certificates
  - Self
  - Spouse
  - Father
  - Other
- 2 Utility Bills
  - Electricity
  - Gas
- 3 Copy of Rent Agreement (If Any)
- 4 Other Documentary Evidence

**Please briefly describe in few sentences that why you need Financial Aid.**

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**Financial Aid Request Form**

**Student's Name:** \_\_\_\_\_ **SS CASE IT Roll No:** \_\_\_\_\_

**Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_