THE CHERUKURU FAMILY SCHOLARSHIP

APPLICATION FORM

(For a girl student who is an orphan or semi-orphan, pursuing a degree course)

Academic Year: 2026 – 2027

1. Personal Details

Name of the Applicant: _____

Date of Birth: _____ Age (in years): _____

Permanent Address: _____

_____

Contact Number: _____ Email ID (if any): _____

2. Family Status

Applicant is (tick one):

☐ An orphan (both parents deceased)

☐ A semi-orphan (one parent deceased)

Name of the deceased parent(s): _____

Date of demise: _____ *(as per death certificate)*

Name of surviving parent / present guardian: _____

Relationship of guardian to applicant: _____

3. Educational Details

10th Std. — Marks Obtained: _____ Percentage: _____

12th Std. — Marks Obtained: _____ Percentage: _____

Year of Passing (10th): _____ Year of Passing (12th): _____

Degree Course Applied For / Pursuing: _____

Name of the College / Institution: _____

Admission / Allotment Order No.: _____

4. Family & Income Details

Occupation of Guardian / Surviving Parent: _____

Annual Family Income: _____ ₹ *(as per Income Certificate)*

Community Certificate No.: _____

5. Bank Account Details (in the Applicant's own name, for disbursal)

Bank Account Holder's Name: _____

Bank Name: _____ Branch: _____
Account Number: _____ IFSC Code: _____

6. Attachments Checklist (tick as enclosed)

- ☐ Death certificate of the deceased parent, or of both parents
- ☐ Community certificate
- ☐ Income certificate issued by the Revenue Department
- ☐ Mark sheet of the 10th standard examination
- ☐ Mark sheet of the 12th standard examination
- ☐ Bonafide certificate from the college, and the admission / allotment order
- ☐ Bank account particulars in the applicant's own name
- ☐ One passport size photograph
- ☐ A short self-introductory letter (not more than 250 words)

Declaration

I hereby declare that the particulars furnished above are true to the best of my knowledge and belief. I understand that any false information may lead to the cancellation of my application.

Place: _____ Signature of the Applicant: _____

Date: ____ / ____ / _____

For Office Use Only — Application received on ____ / ____ / _____ | Verified by: _____ | Remarks: _____