



EDUCATION ASSISTANCE APPLICATION FORM

Application No.: _____

Date: ____ / ____ / ____

1. APPLICANT INFORMATION

Full Name: _____

Father's / Husband's Name: _____

Date of Birth: _____

Gender: ☐ Male ☐ Female ☐ Other

National ID / Passport No.: _____

Mobile Number: _____

Email Address: _____

Current Address: _____

Permanent Address: _____

Marital Status: ☐ Single ☐ Married ☐ Widow/Widower

Number of Family Members: _____

Monthly Household Income: _____

Occupation of Parent / Guardian: _____

2. STUDENT INFORMATION

Student Name: _____

School / College Name: _____

Grade / Class: _____ Student ID (if applicable): _____

3. EDUCATIONAL ASSISTANCE REQUESTED (Please tick all that apply)

- ☐ Tuition Fees ☐ Admission Fees ☐ Books & Stationery ☐ School Uniform
☐ Examination Fees ☐ Transportation ☐ Other (Please specify): _____

Amount Requested: _____ Academic Year: _____

4. REASON FOR ASSISTANCE

5. DOCUMENTS ATTACHED (Please tick)

- ☐ National ID ☐ Income Certificate ☐ School Admission Letter ☐ Fee Structure
☐ Latest Academic Report ☐ Bank Details ☐ Other (Please specify): _____

6. DECLARATION

I certify that all information provided in this application is true and complete. I understand that ROTA Foundation may verify the information before making a decision.

Applicant Signature: _____

Date: _____

Guardian Signature (if applicable): _____

Date: _____

7. FOR OFFICE USE ONLY

Application Received By: _____

Documents Verified: ☐ Yes ☐ No

Field Verification: ☐ Yes ☐ No

Committee Decision: ☐ Approved ☐ Rejected ☐ Pending

Approved Amount: _____

Remarks: _____

Date: _____

Date: _____

Date: _____

Date: _____

Officer Signature: _____



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