



Student Details

Name of Student: _____ Age: _____

Address _____

City _____ Province _____

Phone Number _____ Email _____

National ID Card # _____

School Information

Institution of Study _____ Class _____

City _____ Province _____

School Phone Number _____ Contact _____

Parent Information

Father's Name _____

Place of Birth (city) _____ (province) _____

Father's Country of Birth _____

Occupation / Designation _____

Company / Organization _____

Approximate Monthly Income _____ (rupees)

Approximate Yearly Income _____ (rupees) SHARE International Memorial Fund
Scholarship

Mother's Name _____

Place of Birth (city) _____ (province) _____

7801 Chase Road Dearborn MI 48126

Tele: 248-75-SHARE info@shareglobalcharity.org Tax ID : 27-3607017
SHARE International is 501 (3) (C) charity. All donations are tax deductible



Mother's Country of Birth _____

If mother earns an income or salary on a monthly or yearly basis, please fill below

Occupation / Designation _____

Company / Organization _____

Approximate Monthly Income _____ (rupees)

Approximate Yearly Income _____ (rupees)

Sibling Information

Sibling #1 Brother Sister (Check One)

Name _____

Place of Birth (city) _____ (province) _____

Country of Birth _____

If sibling earns an income or salary on a monthly or yearly basis, please fill below

Occupation / Designation _____

Company / Organization _____

Approximate Monthly Income _____ (rupees)

Approximate Yearly Income _____ (rupees)

Sibling #2 Brother Sister (Check One)

Name _____

Place of Birth (city) _____ (province) _____

Country of Birth _____



If sibling earns an income or salary on a monthly or yearly basis, please fill below

Occupation / Designation _____

Company / Organization _____

Approximate Monthly Income _____ (rupees)

Approximate Yearly Income _____ (rupees)

Sibling #3 ____ Brother ____ Sister (Check One)

Name _____

Place of Birth (city) _____ (province) _____

Country of Birth _____

Is the student for whom this form is processed receiving any monetary assistance from any religious or social organization (Yes/No)?

YES / NO

If your answer to the above question is YES, please provide additional details below:

Name of the Organisation _____

Start Date _____

Amount in PK Rs. Per Month _____ Per Year _____



SHARE International

Memorial Fund Scholarship Form

www.shareglobalcharity.org

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If your answer to the above question is NO please read the following statement and sign below:

The undersigned hereby certifies that the student for whom this form is processed is not receiving monetary educational support from any other religious or social organization. In case if the student starts receiving monetary support from any other organization during the time the student is receiving support from Share International, it is undersigned religious obligation to inform Share International immediately. Failing to do so will result in immediate suspension of Share International funding.

Name _____ Signature _____ Date _____

PLEASE ATTACH FOLLOWING DOCUMENTS WITH YOUR FORM – INCOMPLETE

FORMS WILL NOT BE PROCESSED

Required Document List	Office Use Only (verified) Y/N
1. Attested copy of latest report card	
2. Attested copy of previous year report card	
3. Copy of National ID Card of student	
4. Copy of National ID Card of father or guardian (optional)	
5. Two Passport size photographs	
6. Last two receipts of school fees vouchers	
7. Copy of certificates of educational achievement or extra-curricular activities	
8. Attach additional sheets for any other important information you want to share	

The undersigned hereby certifies that all information provided on this document is correct. Any incorrect information may result in legal action against the undersigned. Name

_____ Signature _____ Date _____

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