



P R I M U S
PUBLIC SCHOOL

Application for Sports Scholarship

Student's
Recent
Passport Size
Photograph
(3.5 x 4.5 cm)

Application No.

Parent/Guardian Details:

Name:
FIRST NAME MIDDLE NAME LAST NAME

Relationship with the Student:

Mobile No.: Email ID:

Year of Joining the School: Year of achievement:

Applying for - Academic Year: Grade: Curriculum:

Student Details:

Name:
FIRST NAME MIDDLE NAME LAST NAME

Date of Birth: Gender: Nationality:

Aadhaar No.: Passport No.: (If not Indian)

Res. Address:

..... PIN Code:

Telephone No.: Mobile No.:

Details of the Achievement:

Why does my child/ward deserve this Scholarship? (Write in about 150 - 200 words)

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Turn over leaf

List of supporting Documents/Certificates/Transcripts:

1. 3.
2. 4.

Declaration-Cum-Indemnity:

I, Mr/Mrs (Parent/Guardian) of
Master/Miss (Student Name), hereby declare that the
information given in my application is correct and I am not availing any other scholarship in the applied
category from any other source. I shall abide by the terms and conditions for sanction of above-
referred Scholarship. I undertake that if at any stage, it is found to the dissatisfaction of the school
authorities that the information given by me is false or it violates the terms and conditions of the
scholarship, the scholarship sanctioned to me will be cancelled and the entire amount of the
scholarship will be refunded by me/recovered from me and I further undertake not to raise any
dispute or claims in future for the same.

Place:

Date:

.....
Signature of the Parent/Guardian

For Office Use Only:**Remarks/Observations of the Vice Principal:**

I have verified all the documents and confirm that the information given in the form are:
true and complete ☐ / incomplete and false ☐.

Further, I recommend ☐ / do not recommend ☐ the student for the applied scholarship.

Percentage of scholarship as per the policy is ____ %.

Name of the Vice Principal:

Date:

.....
Signature

Remarks/Observations of the Principal:

Approved: ____ % ☐ Not Approved ☐

Date:

.....
Signature

For Head Office use only:

Approved: ____ % ☐ Not Approved ☐

Date:

.....
Signature of Director Academics