

YouWeCan Scholarship for Cancer Survivors

Scholarship Application Form

PHOTO

Section 1: Personal Details

Applicant's Name					
Address					
			Pincode		
Date of Birth		Age		Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male

Section 2: Details of Guardian

Name					
Relationship with the Applicant	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Other (please specify)		
Contact Number		Alternate Contact Number			
Address	<input type="checkbox"/> Same as above <input type="checkbox"/> Other				

Section 3: Details of Guardian

Total Annual Family Income	
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Family Details					
S.No.	Name of Family Member	Age	Relationship with the Applicant	Occupation	Annual Income
1.					
2.					
3.					
4.					
5.					

Section 4: Treatment Summary

Type of Cancer	
Hospital Name	
Patient Reg. No.	
Treatment Status (Please add the treatment summary)	
Contact No. of Hospital Representative	

Section 5: School/College Details

Name of School/College			
Affiliation			
School/College Address			
	Pincode		
Name of Contact Person at School		Contact No.	
Email ID			
Name of Head of Institution		Contact No.	
Email ID			
Current Grade/Year of Education			
School/College Enrolment Number			

Section 6: School/College Details

Total Annual Fees			
Scholarship Amount Requested			
Duration of Course			
Are you registered for school with any other organisation(?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, share details of organisation			
Total Amount Received			

Section 7: Consent Form

I acknowledge that my child, namely ----- aged ----- years, has applied for YWC Scholarship for Cancer Survivors. In view of the above, being the parent/guardian of the child, I agree to provide a testimonial(s) and hereby permit that my child's details, story and background, photograph, audio, video, etc. ("the Testimonial"), to be used by the Organization for marketing, publicity and awareness purposes by way of print media, multimedia, internet, social media, publications, reports, etc. made by the Organization. I hereby agree and acknowledge that I or any third person related to me or the child in any manner, will not make any claim against the Organization for the use of the Testimonial by the Organization. I hereby agree and undertake that I have signed this consent letter voluntarily, out of my own free will and no promises or assurances have been made or given to me by the Organization with respect to the same.

Parent		Signature		Place	
Relationship with the Applicant				Date	

Document Check List

Scanned copies of the following documents must be submitted along with the application form, in order to be eligible for scholarship under the YouWeCan Scholarship for Cancer Survivors.

- | | |
|--|---|
| <input type="checkbox"/> Applicant's Aadhar Card/Birth Certificate | <input type="checkbox"/> Copy of Diagnosis Report |
| <input type="checkbox"/> Aadhar Card of Father | <input type="checkbox"/> Most recent Discharge Summary/Doctor's Evaluation Letter |
| <input type="checkbox"/> Aadhar Card of Mother | <input type="checkbox"/> Bank Details of School attested by Accounts Department of School/College |
| <input type="checkbox"/> Ration Card | <input type="checkbox"/> Fee Structure of Current Academic Year |
| <input type="checkbox"/> Income Proof of Family | <input type="checkbox"/> Copy of Last Academic Year's Progress Report |

Application Guidelines

- YouWeCan Scholarships are open for Cancer Survivors only.
- Applicant should be an Indian Citizen residing in India.
- Applicants should be enrolled full time in a recognized School or University.
- Applicants should be between 5 to 18 years of age at the time of application.
- Applicants form should be submitted along with scanned copies of all supporting documents, via email to scholarships@youwecan.org
- Applicants with an annual family income exceeding Rs.2,00,000/- (Rupees two lakhs only) will not be considered eligible for the scholarship.
- Final decision of accepting the Application Form shall solely vest with Yuvraj Singh Foundation.
- Continuation of scholarship depends upon the academic performance and the cooperation to the YSF programs.
- All the receipts shall be sent to the organization within 15 days of the fund transfer and the receipts of the fees paid to be drawn in favour of "Yuvraj Singh Foundation" along with the beneficiary's name.
- Any dispute arising out of this Application Form shall be governed by the laws of India subject to the exclusive jurisdiction of the courts of Delhi.

Declaration

I agree to the terms of this application form. I further declare that the information provided by me on the above form is true and correct to the best of my knowledge and belief.

Name of the Parent/Guardian					
Signature		Place		Date	