



Form No./Roll No. (for official use): _____

GIFT University, Gujranwala

(Chartered by the Govt. of the Punjab, Recognized by HEC)

Financial Need Assessment Form

Note: Submission of this form doesn't automatically guarantee the award of scholarship/fee waiver.

Student's Name: _____ Father's Name: _____

Program: _____ Number of Family Members: _____

Instructions to fill out the form:

- Fill the form in BLOCK LETTERS
- Write your name and date of birth on the back of each photograph
- Submit all the required supporting documents (listed below) with your application form.
- Applications without complete documents will not be processed. No further reminder will be given to you.

Checklist of Required Documents			
<input type="checkbox"/>	Two attested passport size photographs	<input type="checkbox"/>	CNIC of your parents/guardian
<input type="checkbox"/>	Attested copies of all academic transcripts	<input type="checkbox"/>	Utility bills of business & household
<input type="checkbox"/>	6 months bank statement (if applicable)	<input type="checkbox"/>	Appointment Letter (<i>person living abroad</i>)
<input type="checkbox"/>	Signed terms & conditions/undertaking	<input type="checkbox"/>	Pictures of House/Shop
Income Proof (<i>attach relevant</i>)		<input type="checkbox"/>	Fee Voucher(s) – Self & Siblings
<input type="checkbox"/>	Salary Slip (Job Holder)	<input type="checkbox"/>	Property/Land Ownership Proof
<input type="checkbox"/>	Income Affidavit (Business Individuals)	<input type="checkbox"/>	Rental Agreement (if applicable)
<input type="checkbox"/>	Termination Letter (for jobless person)	<input type="checkbox"/>	Any other document: _____

Please note University reserves the right to amend, cancel or terminate the awarded financial aid in case of any misrepresentation or incorrect information provisioning. Misrepresentation may also lead to termination from the program. It also reserves the right to physically verify the beneficiary's home/business premises at any given point in time

For Official Use Only	
Last Degree Marks (%): _____	Parent's Occupation: _____
Parent's Income: _____	Income Proof: <input type="checkbox"/> Yes <input type="checkbox"/> No
Already Getting Discount: _____	Discount Requested: _____
Remarks: _____	

GIFT University – Financial Need Assessment Form

Note: Kindly fill this form with care and keep a copy for your record.

Personal Information

Name: _____

Father's/Guardian Name: _____

Father's/Guardian Occupation: _____

Father's/Guardian's CNIC # _____

Email: _____

Contact (Home): _____ Cell: _____

Address: _____

**Staple 2 Passport
Size Recent
Photographs Here**

Is/are any member(s) of your family studying at GIFT University? Yes No

If Yes, please state: Name: _____ Roll No.: _____ Session: _____

Program: _____ Relationship with you: _____

Program's Total Tuition Fee: Rs. _____	Amount you are able to pay: Rs. _____	Amount Requested as financial assistance: Rs. _____	Required assistance as a %age of total tuition fee: _____ %
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Academic Information

Degree	Name of Institute	Name of Degree	Board	Year of Completion	Marks/Grades	
					Obt. Marks	Total Marks
Matric						
Intermediate						
Bachelor						
Master						
Other						

Previous Academic Institute Name: _____

Annual/Semester Fee: _____ *Roll No.:* _____ *Scholarship:* _____

Scholarships you wish to apply through Advantage:

Need-based Scholarship Learn While You Earn (LWYE) Interest Free Loan

Limited seats are available for Need-based scholarship. Therefore, University reserves all rights to transfer your name either in Interest Fee Loan or in Learn While You Earn (LWYE).

Financial Information

1. Details of Family Members *(give details of all members currently studying including yourself)*

Name	Age	Institution	Annual Fee	Scholarship <i>(if any)</i>	Parents' Contribution

2. Annual Income & Expenses

Total Earning Members		Food Expenses	
Father's Employment		Medical Expenses	
Mother's Employment		Rental Expenses <i>(if any)</i>	
Self-Employment		Electricity	
Business Income		Gas	
Investment Income		Telephone	
Rental Income		Other Expenses	
Total Income		Total Expenses	

3. Asset Information *(please state the number as well as market value)*

Property <i>(House/Land)</i>		Vehicle(s)	
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4. Loan Information *(if your family have any outstanding loan(s) please fill the following)*

Amount Pending		Expected date of payment	
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Have you received any financial assistance/fee waiver from the GIFT University/College before? Yes No

If Yes, please state: Program: _____ Roll No.: _____ Session: _____

Amount Received: Rs. _____ % assistance in last semester/year: _____

Undertaking

I certify that the information given on this form is accurate to the best of my knowledge. I understand that any misrepresentation may cause my dismissal from the GIFT University at any stage.

By signing this form, I acknowledge that I am aware of the rules and policies of the GIFT University's financial assistance program as laid down in the GIFT University Financial Assistance Application. I understand that to remain eligible for the financial assistance I have received; I must be a GIFT University student in good standing and comply with the following terms:

1. **I am responsible for submitting the renewal application.** *Each financial assistance grant lasts for one semester only. As financial assistance recipient, I am responsible for submitting my renewal application with the proper documentation at least one month before the beginning of the next semester. I understand that no financial assistance grants will be applied retroactively.*
2. **I have attached the required income documents.**
3. **I acknowledge that if my GPA/CGPA falls below the standards as per University rules and regulation, my financial assistance will be reduced or completely withdrawn in accordance with the University policy.**

I hereby accept the above mentioned terms and conditions.

Applicant's Signature

Father's/Guardian's Signature

Personal Statement

Please use this space to write a brief statement of support for your application for a scholarship.

For Official Use Only			
Form No.		Name	
Additional Verification Requirement Details			
<input type="checkbox"/>	Physical Verification	<input type="checkbox"/>	Re-interview
<input type="checkbox"/>	Program Change	<input type="checkbox"/>	Missing Document(s)
Committee Recommendations			
<input type="checkbox"/>	Waiver Awarded for Single Semester	<input type="checkbox"/>	Waiver Awarded for Complete Degree
Waiver/Scholarship Details:			
<input type="checkbox"/>	FA: _____	<input type="checkbox"/>	FA: _____
<input type="checkbox"/>	Orphan: _____	<input type="checkbox"/>	Rejected
<input type="checkbox"/>	Loan Recommended	<input type="checkbox"/>	Easy Instalments Recommended
Comments by the FAC: _____			

<i>Financial Advisor</i>		<i>Deputy Director SFC</i>	
			<i>Head Advantage</i>

For queries related to this form, please contact us at:
Contact: 0300-8749866 **Landline:** +92 55 314 6900 **Ext.:** 3410
Email: advantage@gift.edu.pk **Website:** <http://www.gift.edu.pk/>
This form can also be downloaded from our website.