



Education for Every Dream

Application Form

Personal Information

[illegible]

Present Address: _____

Permanent Address: _____

Nationality : _____ NID Number : _____

Do you have any special needs or disabilities that we should be aware of? If yes, please specify:

Academic Information

Degree	Passing Year	School/ College	Group	Result (Division/CGPA)
SSC				
HSC				

What is your projected graduation date? _____

Please list any extracurricular activities or leadership roles you are involved in: _____

HOPES FOUNDATION SCHOLARSHIP PROGRAM

Education for Every Dream

Application Form

Family Background & Financial Information

Father's Name: _____ Total Number of Family Members: _____
 Father's Occupation: _____ Number of Siblings: _____
 Father's Annual Income: _____ Number of Siblings Currently Studying: _____
 Mother's Name: _____ Number of Siblings Working: _____
 Mother's Occupation: _____ Occupation of Siblings: _____
 Mother's Annual Income: _____
 Guardian's Name (if applicable): _____ Monthly Contribution from Working Siblings: _____
 Guardian's Occupation: _____ Total Monthly Family Income (all sources): _____
 Guardian's Annual Income: _____ Total Monthly Family Expenses: _____

Do you live in a rented house? ☐ Yes ☐ No If yes, Monthly Rent Amount: _____
 Are there any outstanding loans/debts? ☐ Yes ☐ No If yes, please specify the amount: _____
 Are you receiving any financial support from relatives or friends? ☐ Yes ☐ No
 If yes, please specify the amount and frequency: _____
 Do any of your siblings receive HOPES scholarships? ☐ Yes ☐ No
 If yes, list their names: _____
 Does your family own a vehicle? ☐ Yes ☐ No If yes, please specify the type and model: _____
 Are there any special circumstances affecting your family's financial situation? ☐ Yes ☐ No
 (e.g., medical conditions, disabilities) If yes, please specify : _____

I hereby certify that all the information provided in this application is true and accurate to the best of my knowledge. I authorize the release of this information to the HOPES Scholarship Selection Committee and the scholarship donors for the purpose of evaluating my eligibility.

Signature of the Applicant

Date:

Signature and seal of the Head of the Institution

Date:

Referral from a HOPES member (If any):

Name: _____

Contact Number: _____

Designation/position: _____

Disclaimer: The financial information provided in this form is collected solely for the purpose of assessing eligibility for the HOPES Scholarship. All data will be kept confidential and will not be shared with any third parties. The information is essential to ensure that our scholarships are awarded to deserving candidates who demonstrate genuine financial need. By submitting this form, you consent to the use of your financial data for this evaluation.

HOPES FOUNDATION SCHOLARSHIP PROGRAM

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Document Checklist

Please ensure you have included all the required documents with your scholarship application. Incomplete applications will not be considered. Put a tick mark (✓) next to the documents you have attached.

- ☐ **Completed HOPES Scholarship Application Form:** Ensure all sections are filled out accurately.
- ☐ **Personal Statement:** Describe your academic goals, career aspirations, and why you need this scholarship (500 words).
- ☐ **Proof of Current Enrollment:** Official letter or certificate from your university/institution confirming your current enrollment.
- ☐ **Academic Transcripts:**
 - Copies of your SSC, HSC and current academic transcripts or mark sheets.
 - Copies of your SSC, and HSC certificates.
- ☐ **Recommendation Letters:**
 - A recommendation letter from a teacher/professor/or academic advisor.
 - Recommendation from a HOPES member (include name and contact information) (Optional).
- ☐ **Proof of Financial Need:**
 - Documents proving family income (e.g., salary statements, income certificates).
 - Parents/ Guardian's Bank statements (Past 6 months from the day of application).
 - Any additional documents that support your financial need.
- ☐ **Proof of Identity:**
 - Copy of a government-issued Photo ID (e.g., passport, NID card).
 - Two recent passport-sized photographs or digital scan copy.
- ☐ **Special Circumstances Documentation:** Documents supporting any special circumstances (e.g., disability certificates).
- ☐ **Other Scholarships Information:** Details of any other scholarships you are currently receiving (if any).

Application Submission:

Gather all required documents and prepare digital copies. We accept both email and postal submission options.

By Email:

- Scan and convert all required documents into PDF format. Rename the files name according to the document.
- Send the completed application form and all supporting documents to info@hopes.org.bd with the subject line **"HOPES Scholarship Application [Year]- [Your Name]"**.

By Post:

- Mail the completed application form and all supporting documents to the following address:
HOPES Foundation ACI Centre,
245, Tejgaon I/A
Dhaka-1208, Bangladesh.

Important Notes:

- Ensure all documents are clear and legible.
- Double-check that you have included all required documents before submission.
- Incomplete applications/documents will be disqualified.