PYPA
KERALA STATE
SCHOLARSHIP PROGRAMME
—— One time ——
Scholarship Project

APPLICATION FORM

Name of Student: _____

Gender: F ☐ M ☐ Date of Birth: _____ Fathers Name: _____

Mothers Name: _____ Fathers Occupation: _____

Mothers Occupation: _____ Family Monthly Income: _____

Guardians Phone No: _____ Name of School / College: _____

Place: _____ University / Board: _____

Course Name: _____ Roll Number: _____ 1st Year / Semester marks in% ____

Verified by

Name of Local Pastor: _____

Church Name: _____ Centre: _____ Zone: _____

Member of Local Church Since: _____ Contact Number of Pastor: _____

Signature of Local Pastor: _____

Name of PYPA Zone President or Secretary: _____

Contact Number: _____ Signature of PYPA Zone President or Secretary: _____

Address mentioned in Bank Passbook

House Name: _____ Place / Street: _____

Post Office: _____ District: _____ Pincode: _____

Contact Number: _____

Bank Details

Account Holder Name: _____

Account No: _____ Bank Name: _____

Branch: _____ IFSC Code: _____

FOR OFFICE USE ONLY

Name of Student: _____ Church: _____

Approved ☐ Rejected ☐ Zone: _____