

# CASTELLDEFELS SCHOOL OF SOCIAL SCIENCES - Scholarship Application Form

## BASIC INFORMATION:

Student Name: <input type="text"/>	Nacionality: <input type="text"/>
DOB: <input type="text"/>	Home Address: <input type="text"/>
Passport Nº: <input type="text"/>	Phone Number: <input type="text"/>
Course applied for: <input type="text"/>	E-mail address: <input type="text"/>

## SCHOLARSHIP INFORMATION

Please, choose which scholarship do you want to apply:

(1) Merti-based Grants: <input type="text"/>	(3) Women in Business: <input type="text"/>
(2) Need-based Grants: <input type="text"/>	(4) Accredited Disability Grant: <input type="text"/>

\* Please attach a letter about your reasons to apply for the scholarship and why you are a good candidate for it.

\* Please attach evidence if it is necessary to claim your scholarship

## GENERAL INFORMATION

What's your parent's monthly income?

Are you working at the moment? Yes  No

How much is your monthly income?

List down your percentage or grades below whichever is applicable:

(1) Secondary School: <input type="text"/>	(3) Graduation: <input type="text"/>
(2) Higher Secondary School: <input type="text"/>	(4) Post Graduation: <input type="text"/>

Please mention your achievements in ay area, including in sports as well:

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<b>SCHOOL INFORMATION // TYPE OF SCHOLARSHIP - <i>for Office use only:</i></b>			
	<b>APPROVED</b>	<b>REJECTED</b>	<b>AMOUNT</b>
Merit-Base Grants	<input type="text"/>	<input type="text"/>	<input type="text"/>
Need-based Grants	<input type="text"/>	<input type="text"/>	<input type="text"/>
Women in Business	<input type="text"/>	<input type="text"/>	<input type="text"/>
Accredited Disability Grant	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Scholarship:	<input type="text"/>		

<b>On behalf of CSSS:</b>	
<b>Date:</b>	
<b>Name of Staff:</b>	<b>Signature of Staff:</b>