

New Hope Theological Student's Scholarship Application

1. Name of Applicant :LUSY..... Sex : Male/Female **FEMALE**
 2. Date of Birth : 1990-05-29... Age : 35.... Blood Group : A±.....
 3. Father's / Mother's / Guardian Name :
 4. House Address :8-454B, TEST.....

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Mobile No: ...2147483647.....

5. Family details (Attach a Family Photo)

Sl.No	Names	Relationship to Applicant	Occupation	Remarks
	RANI	WIFE	NO	
	ARUN	SON	NO	

6. Approximate annual income of Father/Mother/Guardian: RsTEST.....
 7. Educational Qualification : Marks obtained in S.S.L.C ..450.....
 +2 / PUC ...950..... Degree : ...B.TECH..... Any other :
 8. Name and address of College / seminary you Study :
 ST.TERESA ARTS AND SCIENCE COLLEGE FOR WOMEN.....
 9. Phone number of the Principal : ...2147483647..... Email. TEST1@GMAIL.COM
 10. Are you married ? Yes / No (If yes Spouse Name :NO.....)
 11. Are you a divorcee ? Yes / No NO
 12. Number of Children you have : Sons2..... Daughters1.....
 13. Name of Your church :CALS.....
 14. Years of Experience in ministry ?2025.....
 15. Are you for sure your Calling for ministry ? Yes / No NO
 16. Are you willing to work for New hope project in future if necessary ? Yes / No YES
 17. Attachments: 1. Photos (Pass port size 2 Nos)



2. Copies of Certificates and Mark sheets
 3. Recommendation letter from the member of New Hope Project
 4. Bonafide Certificate from Institution you study
 5. Personal Testimony



18. Address Proof (Attach a copy). Aadhaar / Ration card / Voter ID / any other

Declaration

I, hereby declare that the above information given by me are true to the best of my knowledge . If there is any falsehood, I Would repay the scholarship I receive from New Hope.

Place: KARUMAVILAI

Date: 2025-05-21

Your's Faithfully

For Official use only

Verified by :TEST.....

Rejected or Granted by board meeting on 2025-06-13.....

If granted Amount is Rs :TEN THOUSANDS (In words)

Director



Secr



Treasurer



Remarks if any: REMARK

