



Education for Every Dream

Application Form

Applicant Name:
(Please use capital letters)

[illegible]

Birth Date: / / Gender: ☐ Male ☐ Female ☐ Others Religion: _____

Present Address: _____

Present Address: _____

Phone Number: _____ Email Address: _____

Nationality : _____ NID Number : _____

Marital status: ☐ Single ☐ Married ☐ Divorced ☐ Others

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				

Which University/Institution/College are you currently enrolled in? _____

Name of your Department/Faculty: _____ Your date of enrollment: _____

What is your current Year/Semester of study? _____ Your current CGPA/GPA: _____

What is your projected graduation date? _____

Are you currently receiving any other scholarships? If yes, please provide the name and amount of the scholarship(s):

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 the 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 ID (e.g., passport, NtID card).
 - Two recent passport-sized photographs.
- ☐ **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 file 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
Paragon House (10th Floor)
5 Mohakhali C/A, Dhaka-1212

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.