

IMD Alumni Scholarship Program

Application Form Fall 2024

IMPORTANT

This is a financial need-based/merit scholarship for the Industrial and Manufacturing department students. It is intended to help those ambitious, motivated students who need some financial help to achieve their goals. There are a limited number of scholarships available each semester, thus not all applicants can receive the IMD Alumni Scholarship.

All applicants are considered based on their qualifications, regardless of race, color, gender, religion, handicap, age, or national origin. It is highly recommended that you submit your application with complete documents by the submission deadline.

Applications that misrepresent or provide inaccurate information will not be considered and applicants will not be eligible to receive a financial grant and/or scholarship in the future.

Application Submission Deadline: July 21, 2024

Scholarship Decision Announcement: July 28, 2024

Scholarship Funds Release: August 11, 2024

Instructions For Application Submission and Weightage on Your Application:

- a. Applications are only to be submitted from students' official NED email. "@cloud.neduet.edu.pk"
- b. Email needs to be professionally formatted and should contain a list of enclosed documents. **(10%)**
- c. All documents need to be submitted in the below order as one single pdf.
 - Application form (attached below)
 - Letter of intent (250 words max, tell us about your future goals with plans of achieving them and why you are the deserving candidate for this scholarship, **PLEASE DO NOT FOCUS ON YOUR HARDSHIPS**) **(50%)**
 - Copy of all previous semester mark sheets **(10%)**
 - Any extra-curricular activity details/certification to strengthen your application (optional)
 - Parents/Guardian(s) last three months' pay slips
 - Parents/Guardian(s) bank statement for the last 3 months where the salary is transferred regularly.
 - Any other information you consider relevant to your application
- d. Resume. (1 page) **(30%)**

If any of the documents listed above are not submitted by the deadline, the application will be considered incomplete and will not be reviewed. Applicants may submit additional material in support of the application.

Please email your application package to initiative_im0708@outlook.com.

1. Application Form

Applicant's Information							
Full Name							
Date of Birth							
NADRA NIC No.							
Semester Applying For (e.g. 4 th semester)							
Previous Semesters Cgpa	1 st -	2 nd -	3 rd -	4 th -	5 th -	6 th -	7 th -
Enrollment Number							
Class Roll Number							
Batch							
Phone Number							
Email Address							
Residential Address							
IMD Initiative Scholarship Awarded Before? If yes, please circle all semester we have helped	1	2	3	4	5	6	7
Would you accept help from Zakat funds? **Sometimes we have separate slots from Zakat scholarships which we don't advertise	Yes				No		
Any Other Financial Assistance Declaration							
Scholarship Received from Any Other Program/Organization or Source	Yes				No		
Amount received for the current semester							
Name of Program/Organization or Source							
Applicant's Parents / Guardian Information							
Parent / Guardian Name							
If Guardian Relation with student							
Parent / Guardian Occupation							
Parent / Guardian Contact Number							
Parent / Guardian Email Address							
Parent / Guardian Residential Address (If different from student)							

3. Income and Assets Information

This includes salaries of employed members of the family, income earned from investments, and property (such as rented apartments, buildings, etc.). Gross salaries include ALL allowances and/or benefits (such as housing and transportation allowances, allowance for children's education, etc.).

Monthly Gross Income of Parent / GuardianPKR/Month
Monthly Gross Income of other Households (siblings etc.)PKR/Month
Other Financial Resource(s)PKR/Month

4. Reference of IMD Faculty

Name	
Designation	
Contact Number (Office)	
Email Address	
Signature	

5. Declaration

“I certify that information contained within this application is complete and accurate to the best of my knowledge. I authorize IMD Alumni Scholarship Management to verify any information presented in this form or supporting documents. I fully understand that any misrepresentation or material omission will invalidate this application and disqualify me from future financial grants and/or scholarships.”

Name of Applicant

Signature and Date