## **Missionary Upholders Trust**

# FINANCIAL ASSISTANCE SCHEME FOR HIGHER EDUCATION FOR CHILDREN OF MUT SCHEME MEMBERS

Please read the following instructions before submitting the application for assistance

**AIM:** To provide partial financial assistance to the children of MUT Members in their pursuit of higher studies

**ELIGIBILITY:** Dependent Children of Members, who are part of MUT SCHEME & who are not otherwise employed.

**HIGHER EDUCATION COVERED**: Any UG/PG Degree/Diploma Course. Every year separate application form has to be submitted for getting assistance.

#### **ASSISTANCE ENVISAGED:**

Up to 100% of College Fees, less grant provided by the Organization / other Agencies, limited to a maximum of Rs. 25,000 /- per student per academic year on returnable basis.

#### **DOCUMENTS TO BE SUBMITTED:**

- 1. Application in the Form prescribed by MUT, duly signed by the student and his / her parent, and recommended by the CEO of the Member Organization, declaring the details of assistance provided by the Organization and other Agencies for this Course.
- 2. **Photocopy of Admission Letter / Bona-fide Student Certificate** issued by the Educational Institution, along with the paid Fees Receipt or details of Annual fees certified by the college and the photocopy of the bank passbook for account details.
- **3.** Joint Declaration by the student and the parent, indicating the amount of assistance received and an assurance to contribute minimum of Rs. 1,000/- every month to help fellow MUT Members' children who are studying, after successful completion of the course. **By doing so you are making a commitment to bless others. You are blessed and now you be a blessing.**

**ENSURE:** All the columns are filled. If answer is No or Not applicable please write **NO** or N/A. If all the columns are not filled & failure to attach the necessary documents, the application may not be processed.

**COMMUNICATION**: Every student applicant is requested to personally talk over phone to MUT Mkids Coordinator Lancelot +919731647741 to establish communication. After this only the application will be processed. Every Mkid is expected to attend **MUT Retreat** once.

Kindly send filled forms to

Dr.J.P.Lancelot
No.4, PHR Layout
Byrathi Cross.
(Behind TONIQUE)
Kothanur Post
BANGALORE -560077
KARNATAKA

Email:

mkidscare@mutindia.org



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Stick Recent Photograph of Student

# APPLICATION FOR EDUCATIONAL ASSISTANCE FOR HIGHER EDUCATION FOR CHILDREN OF MUT MEMBERS

### FORM NO: 1 (PLEASE FILL IN CAPITAL LETTERS)

P.S. Kindly check if all columns/rows have been filled. Attach all the necessary documents. Incomplete applications may not be processed. Student to personally phone & talk to MKids Co-ordinator Lancelot 9731647741 before Assistance is sanctioned. The filled in applications may be sent to Dr.J.P.Lancelot, 4, PHR Layout, Byrathi Cross, Kothanur, Bangalore - 560077. Karnataka. Ph: 9731647741

1	MUT Member's Name									
2	Name of Organization									
3	MUT SCHEME Membership No		:				Desig	n		
4	Field Address with pin code		:							
Not	ot									
_	Organizationaddress									
addr	ess									
5	Permanent Address with Pin code		:							
6	Phone No of Parent						Mobile	No		
7	Name of the Student								<u>,                                      </u>	
8	Date of Birth		:				Studen Mobile			
9	Email ID of father / student		:							
10	Name of the Course									
11	Type of seat: Govt. / Mgmt.		:							
	Course A	aided / Self financing	:							
12	Full time Education	/Part time/Distance on	••							
13	Course D	Ouration	•	Joining Year			Comple Year	eting		
14	Name of Educational Institution City, State			•						
15	University:Approved by Govt / De			emed						
	If affiliated - to which universit				:					
16	Date of A	Admission/Promotion			_					

17	Details of Course Fee			A. Total Fee for the full course				
(Please attach a photocopy of the relevant document from the institution)				B. For current Academic year				
18	8 Last date for payment of Fees							
19	Details of Assistance provided			By the Organization				
Is the college offering concessions?				By other Agencies				
If so furnish the details(Please furnish Name & details of funding scheme			:	By the College				
20	(Balance) A	quir	red	••				
21 Bank details								
Bank Name:					:			
Name of the Accor			unt	holder	:			
Account Number								
Branch Name & Co			ode	oN et				
IFS Code					:			

(The children who receive Education Assistance amount are expected to attend at least one Fellowship Camp (three days) organized during holidays at regular intervals every year. Renewals for the subsequent years depend on the attendance in the retreat.)

### [INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED]

### **Declaration by student & parent**

We assure to contribute minimum of **Rs. 1,000/-** per month to help other Members children after successful completion of the course.

Place:	
Date:	

	Signature of Student:	Signature of Parent:
Endorsement by the Organ	nization:	
The details submitted by the M	lember have been checked an	d found accurate as per Organization
records. Organization has given mentioned member for the edi Recomm		nt of the child for this year
Signature of HR I/c		Signature of CEO
Name of HR I/c:	Seal of the Organization	Name of CEO: