



Kashmiri Overseas Association, Inc.

www.koausa.org

A non-profit organization registered in the state of Maryland. Exempt from Federal Income tax under section 501(c)(3) of the Internal Revenue Code.

EDUCATIONAL ASSISTANCE PROGRAM (EAP)

Application Form for the Year _____

Application No.: _____

Name: _____

Date: _____

Parent's Name: _____

Present Address: _____

Permanent Address in Kashmir: _____

Course for which selected: _____

Duration of Course: _____

a) Date the Course Started: _____

b) Date the course Ends: _____

College Address (Include Dean's/Principal's Name and Phone number):

Cost: a) Tuition/year: Rs. _____

b) Board & Lodge/year: Rs. _____

Total Household Income/month: Rs. _____

No. of Earning: _____

Total Members in the Household: _____

A) Names of School-going Children and their class:

B) Names of College-going Children:

ACADEMIC ACHIEVEMENTS

Degree Obtained	Marks Obtained/Total Marks	Percentage	Distinction (if any)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Enclose the following documents along with your application:

1. Proof of admission in the college

2. Migrant Certificate

3. Income Certificate

4. Marks Certificate(s)

5. A brief essay (only 1 page) explaining why you need financial help and how you can pay back your community after your graduation and gainful employment

6. ALL APPLICATIONS MUST BE ENDORSED BY PRESIDENT, KPS JAMMU.

COMMENTS: _____

Mail your application to: **Tej N. Kaul, 35 Spicer Creek Run, Grand Island, NY 14072, USA**



Kashmiri Overseas Association, Inc.

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