



ELITE: THE KINGDOM ORGANIZATION

REHABILITATION CENTER

SCHOLARSHIP / FINANCIAL ASSISTANCE APPLICATION FORM

A Legacy of Hope, Equality & Empowerment

House # L-2382, Block 4/2, Metroville III, Gulzar-e-Hijri (Scheme-33), Karachi
0320 8317530 | EliteTheKingdomorganization@gmail.com | www.elitethekingdom.com

OFFICE USE ONLY

Form No.: ETK/RC/SCH/01

Version: 1.0

Page: 1 of 2

CONFIDENTIAL: This form is used to assess eligibility for need-based fee assistance. Submission does not guarantee an award. Information will be reviewed only by authorized personnel and may be verified where necessary.

1. SCHOLARSHIP REQUEST

Application Date: _____	Admission / Student ID: _____
Applicant Status: ☐ New Admission ☐ Existing Student	Assistance Requested: ☐ 25% ☐ 50% ☐ 75% ☐ 100% ☐ Other _____
Support Requested For: ☐ Monthly Fee ☐ Assessment Fee ☐ Therapy Package ☐ Other _____	Requested Duration: _____
Financial Need Level (Applicant): ☐ Urgent ☐ Standard	Preferred Start Date: _____

2. CHILD / BENEFICIARY INFORMATION

Full Name: _____	Date of Birth: _____
Gender: ☐ Male ☐ Female ☐ Other	B-Form / CRC No.: _____
Primary Diagnosis / Concern: _____	Current Program / Therapy: _____
Current School / Center: _____	Class / Functional Level: _____
Home Address: _____	City / Area: _____

3. PARENT / GUARDIAN & HOUSEHOLD DETAILS

Father / Guardian Name: _____	Mother / Guardian Name: _____
CNIC No.: _____	CNIC No.: _____
Occupation / Employer: _____	Occupation / Employer: _____
Mobile / WhatsApp: _____	Mobile / WhatsApp: _____
No. of Household Members: _____	No. of Dependents: _____
Residence: ☐ Owned ☐ Rented ☐ Family / Shared ☐ Other	Monthly Rent (if any): Rs. _____

4. PROGRAM & SUPPORT NEEDS

Program(s): ☐ Early Intervention ☐ Speech Therapy ☐ Occupational Therapy ☐ Physiotherapy ☐ Behaviour / ABA
☐ Sensory Integration ☐ Psychotherapy / Counseling ☐ Special Education ☐ Assessment & Evaluation ☐ Other _____

Briefly explain why financial assistance is required and how the requested support will benefit the child:

5. HOUSEHOLD INCOME - MONTHLY

Income Source	Amount (Rs.)	Income Source	Amount (Rs.)
Father / Guardian Salary / Income	_____	Mother / Guardian Salary / Income	_____
Business / Self-Employment	_____	Pension / Support / Remittance	_____
Other Household Income	_____	Existing Aid / Scholarship	_____
TOTAL MONTHLY HOUSEHOLD INCOME	_____		_____



ELITE: THE KINGDOM ORGANIZATION

REHABILITATION CENTER

SCHOLARSHIP / FINANCIAL ASSISTANCE APPLICATION FORM

A Legacy of Hope, Equality & Empowerment

House # L-2382, Block 4/2, Metroville III, Gulzar-e-Hijri (Scheme-33), Karachi
0320 8317530 | EliteTheKingdomorganization@gmail.com | www.elitethekingdom.com

OFFICE USE ONLY

Form No.: ETK/RC/SCH/01

Version: 1.0

Page: 2 of 2

6. ESSENTIAL MONTHLY HOUSEHOLD EXPENSES

Expense	Amount (Rs.)	Expense	Amount (Rs.)
House Rent / Housing	_____	Utilities (Electricity/Gas/Water)	_____
Food / Groceries	_____	Transport / Fuel	_____
School / Education Expenses	_____	Medical / Medicines	_____
Therapy / Rehabilitation Expenses	_____	Debt / Loan Repayment	_____
Other Essential Expenses	_____	TOTAL MONTHLY EXPENSES	_____

7. FINANCIAL CIRCUMSTANCES & SUPPORTING INFORMATION

Any other child/person in household receiving therapy or long-term medical care? ☐ Yes ☐ No	If yes, monthly cost: Rs. _____
Any recent job loss / major income reduction? ☐ Yes ☐ No	If yes, since: _____
Any major medical, disability-related or emergency expense? ☐ Yes ☐ No	Approx. amount: Rs. _____
Receiving support from another NGO / donor / government scheme? ☐ Yes ☐ No	Organization / Amount: _____
Other circumstances relevant to financial need:	_____

8. REQUIRED DOCUMENTS CHECKLIST

☐ Child B-Form / CRC copy	☐ Rent agreement / utility bill (if relevant)
☐ Parent / Guardian CNIC copies	☐ Medical / diagnostic reports
☐ Recent passport-size photograph	☐ Existing therapy / school fee evidence
☐ Income / salary proof (if available)	☐ Any other proof of financial hardship

9. APPLICANT DECLARATION & CONSENT

I / We certify that the information and documents provided in this application are true and complete to the best of my / our knowledge. I / We understand that scholarship / fee assistance is discretionary, subject to assessment, available funds, service capacity and periodic review; it is not an entitlement and may be partial, time-limited, revised or discontinued in accordance with the Organization's written policy. I / We authorize Elite: The Kingdom Organization to verify relevant information and contact employers, schools, service providers or referees only where reasonably necessary for assessment and with due regard to confidentiality. I / We agree to promptly report any material change in household income or circumstances. False, misleading or materially incomplete information may result in rejection, withdrawal of assistance and recovery of any improperly obtained benefit, subject to applicable law and due process. No applicant will be denied consideration on the basis of disability, gender, religion, ethnicity or other protected status; awards are based on documented need, program suitability and available resources.

Parent / Guardian Name	CNIC / Relationship	Signature / Thumb	Date
_____	_____	_____	_____

10. SCHOLARSHIP COMMITTEE ASSESSMENT - FOR OFFICE USE ONLY

Verified Monthly Income	Rs. _____	Verified Monthly Expenses	Rs. _____
Household Dependents	_____	Current Monthly Program Fee	Rs. _____
Financial Need Category	☐ High ☐ Moderate ☐ Limited	Program / Clinical Suitability	☐ Suitable ☐ Review
Documents Verified	☐ Complete ☐ Partial	Home / Telephonic Verification	☐ Done ☐ Not Required
Committee Recommendation	☐ Approve ☐ Waitlist ☐ Decline	Approved Assistance	_____ % / Rs. _____
Award Period	From _____ To _____	Review Date	_____

Committee Remarks / Conditions of Award:

Reviewed By	Scholarship Committee	Authorized Approval	Official Stamp / Date
_____	_____	_____	_____

Scholarship decisions should be documented, consistently applied and kept confidential. Retain this form in the applicant's restricted financial-assistance record.