



CATHOLIC BOARD OF EDUCATION LAHORE

SCHOLARSHIP FORM

INSTRUCTIONS:

1. Please read the following instructions before filling the form.
2. The applicant should be a bona-fide parishioner. (Attached copy of two years chanda card)
3. The applicant should be a registered member of any Parish of the Archdiocese of Lahore.
4. Scholarships will be awarded to the students who get admission in recognized institutions.
5. Only the tuition fee will be paid from the endowment fund.
6. The Parish priest should recommend application of the student.
7. Attach a photocopy of your academic results.
8. Attach a photocopy of the receipts of the payments made to the institution studying in.
9. Only Intermediate, Bachelors, and Higher Education scholarships will be awarded.
10. Only A, B, and C Grades will be entertained.
11. Decision taken by Catholic Board of Education will be final.
12. Attach photocopy of yours and parents I.D. Card.
13. Please attach the salary certificate of your father.
14. Please give active mobile number, as all information is given through Text and Calls.
15. A personal letter addressed to Archbishop requesting for a scholarship.

Photograph

1. APPLICANT DETAILS	
Field	Details
Applicant Name	
S/O – D/O	
Date of Birth	
Phone Number	
Home Address	
Catechist Child	Yes / No
Name of Degree / Course	
Name of Institution	
Course Starting Date	
Course Ending Date	
Length of Course	
Total Cost of Course	
Requested Amount	

2. PARENTS DETAILS	
Field	Details
Father Name	
Mother Name	
Father Occupation	
Mother Occupation	
Monthly Income	
Name of Organization	
Parent Contact No	

3. PARENT EMPLOYMENT WITH CBE (IF ANY)	
Field	Details
Employee	Father / Mother
Name of Institution	
Designation	

4. ACADEMIC DETAILS					
Degree	Year	Roll No	Marks	Grade	Board / University

5. DETAIL OF SIBLINGS				
Name	Date of Birth	Studying In	Working In	Contact No

6. OTHER SCHOLARSHIP (IF ANY)	
Details	

7. PARISH DETAILS	
Field	Details
Name of Parish	
Name of Parish Priest	
Signature & Stamp	

8. DECLARATION	
Parent Signature	
Candidate Signature	

9. FOR OFFICE USE ONLY	
Field	Details
Decision of Scholarship Committee	Approved / Rejected
Amount	
Date	
Signature	