

Item No. 1.4

Outreach Scholarships: (Scheme Code-SSF104)

The scholarships will be offered to the student of the remote areas of the country with the special focus where the literacy rate is low. The scholarship may be in cash or in the shape of fee remission as the case may be. The regional committee will assess the requirements of the students and recommend for scholarship. Directorate of Student Advisory & Counseling will compile the applications and will put up to the committee to be nominated by the Chairman of the fund for grant of Outreach Scholarship and determination of scholarship amount. The eligibility of the scholarship will be on the basis of the following:-

- The scholarship will be on need based
- Income filtration
- Academic performance of the students
- The scholarship can be diverted to the low-literacy areas in the first instance to provide the equal access to education of the poor/needly areas to boost-up the literacy.
- The regional committee will recommend the student for outreach scholarship with the condition that the student has not been granted any fee remission from any other scheme.
- The scholarship will be announced by the University for Defined Areas.
- The proposed application form for Outreach scholarship (attached).

The funds allocation may be:

- Level A: 60% to the areas where literacy rate below 40%
- Level B: 30% to the areas where literacy rate below 40% to 60%
- Level C: 10% to the areas where literacy rate more than 60%

The above proportion of allocation can be re-appropriated with the approval of the Chairman of the Board.



ALLAMA IQBAL OPEN UNIVERSITY

AIOU STUDENT SUPPORT FUND

The Regional Director _____ Region

SUBJECT: APPLICATION FOR OUTREACH SCHOLARSHIP – SCHEME – SSF104

Program (with specialization if any) : _____

Semester: Spring/Autum-20

District _____

PART-1 (PARTICULARS OF APPLICANT)

1. Name: _____ 2. Son/Daughter of: _____
3. Roll No. (IF CONT. STUDENT) _____ 4. Reg. No. _____
5. Date of Birth: _____ 6. NIC No. _____
7. Phone No. _____
8. Email: _____
9. Postal Address: _____
10. Have you already availed the Outreach Scholarship/any concession from AIOU: Yes No
if Yes please specify/indicate Semester
11. Fee Deposited Rs. _____ Challan No. _____ Date _____
- Name & Address of Bank Branch _____

12. Academic Particulars:

	Passing Year	Percentage	Grade/Division	Obtained/Total Marks
SSC				
F.A/F.Sc./C.Com/D.Com/I.Com				
B.A/B.Sc./B.Com/or equivalent				
M.A/M.Sc/M.Com/MBA/equivalent				
M.S/M.Phil/				

I hereby certify that above information are correct to the best of my knowledge and the income of mine/parents is meager and couldn't meet the educational expenditure. I will abide by all rules & regulations and procedure laid down by the university. I also undertake that in case of any misconduct or action whatsoever not in the conformity with the university policy/procedure as the case may be, the scholarship amount will be refunded/deposited in the university's account. I further undertake that in case of any plagiarism during the course of my study if found, the scholarship amount will be refunded.

Student's Signature _____

Name _____

PART-2
(INCOME STATEMENT)

A. FOR INDEPENDENT APPLICANT

1. Profession/Job Title: _____
2. Number of persons dependant on applicant: _____
3. Monthly income of applicant from all sources (attach documentary proof): _____

B. FOR APPLICANT DEPENDENT ON PARENTS/GUARDIAN

1. Depend upon: Parents Guardian
2. Is Father: Alive Dead
3. Is Mother: Alive Dead
4. Father/Guardian's Name: _____
5. Profession: _____
6. National Identity Card No. _____
7. Number of persons dependent upon the parent/guardian: _____
8. Monthly income of parents/guardian from all sources (attach documentary proof): _____
9. Please Specify if already availed fee concession in previous Semester: Yes No

If yes please mention semester

Student's Signature _____

FOR OFFICIAL USE

The Outreach scholarship to Mr. _____ program _____
scholarship amount _____ is recommended for semester _____

Signatures of Members of Regional Committee:

1 . Member: _____ 2 . Member: _____

3 . Member: _____ 4 . Member: _____

Secretary : _____