



Serampore College

College founded by Carey, Marshman and Ward, 1818,
Incorporated by Royal Charter, 1827, and
Bengal Act of 1918, as modified
upto Government of
West Bengal, 1997

Faculty of Theology

P.O. Serampore, District: Hooghly, West Bengal – 712201

FORM NO. 1

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SCHOLARSHIP APPLICATION FORM 2020 *Ausbildungshilfe/Christian Education Fund, Kassel, Germany*

IMPORTANT INSTRUCTIONS:

- Read the application form carefully and fill in all the entries clearly and legibly in English only. Incomplete and unclear application will be rejected.
- Enter TRUE INFORMATION only.
- Last date of submission of the application form is **30 Sept 2020**.
- Form No. 2 must be given to the applicant's Faculty Advisor. You need not wait for it. The Advisor will submit directly to the Secretary, Scholarship Committee.
- Form No. 3 must be send to applicant's respective local church Pastor/ Presbyter. You need not wait for it. The Pastor/ Presbyter will send directly to the Office.
- You may send the scanned copy of filled up application with your signature to revdracthomas@gmail.com OR Telegram to 9446361660 AND send the hard copy to the Office of Secretary, Faculty of Theology.

I. PERSONAL INFORMATION:

1. Name of the Applicant in Full (in BLOCK LETTERS as per the Board/Degree Certificate)

2. Present Class studying (BD – II/ III/ IV) _____

3. Date of Birth ____/____/____ (DD/MM/YYYY) 4. Sex _____

5. Nationality _____ 6. Marital Status _____

7. Mother Tongue _____ 8. Church Denomination _____

9. Permanent Address _____

Town/City _____ District _____

State _____ PIN _____ Contact Number _____

II. FAMILY INFORMATION:

1. Father's Name _____ **Age** _____

Occupation _____

Monthly Income _____

2. Mother's Name _____ **Age** _____

Occupation _____

Monthly Income _____

3. Number of Siblings in the Family _____

Give the details of your siblings residing in the same house with you (Age/ Sex/ Class/ Profession and Income)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

4. Does any member in your family have chronic or serious diseases undergoing medical treatment (Eg: Cancer/ Major Surgery/ Kidney and Heart problem, etc)

III. CHURCH/ FINANCIAL/ SPONSORSHIP INFORMATION:

1. Name of your local church and Address _____

2. Name of the Local Pastor and Address _____

3. Are you sponsored candidate by church or any other organizations? (If yes, specify) _____

Nature of Sponsorship _____

4. Who is paying your Fees? (Specify the amount and commitment of your sponsor clearly)

3. Did you apply Scholarship from any other sources (Eg: State/ Central Government/ Church/ Organizations, etc). Did you also receive in the past? If yes specify.

IV. ACADEMIC RECORD/ INFORMATION:

1. Pre B.D Studies Record

Sl. No	Certificate /Degree	Board/University	Division
1	HSLC/ Class X		
2	HSSLC/ Class XII		
3	B.Th/ B.A/ B.Sc/B.Com/ B.Sc/ etc		
4	Post Graduate		

2. B.D Studies Record (Copy of the Mark sheet should be attached)

Sl. No	Class	No. of Credit Papers	Total marks in Credit Papers	Percentage of Marks in Credit Papers	Any referred papers (<i>specify</i>)
1	BD – I Year				
2	BD – II Year				
3	BD –III year				
Total					

DECLARATION OF THE APPLICANT

I _____ declare that all the information given above are true and correct. I understand that any information which I have furnished above, if proved to be false or incorrect, will automatically terminate my application and will refund all the scholarship I have received in the past and which I will be receiving.

Date: _____

Signature of the Applicant

Please Note:

You may send the scanned copy of filled up application with your signature to revdracthomas@gmail.com OR Telegram to 9446361660 before **30 Sept 2020**

AND send the hard copy by **SPEED POST** or **REGISTERED POST** to The Secretary,
Faculty of Theology, Serampore College,
P.O. Serampore – 712201, Hooghly District, West Bengal, India

APPRAISAL FORM

FORM NO. 2

ACADEMIC

Recommender: Thank you for agreeing to submit a recommendation in support of this scholarship applicant. Your comments will not be disclosed to the applicant, will be available to those involved in the scholarship decision process, and will be destroyed when no longer needed for scholarship decision purposes. Please use this form to provide an evaluation of this applicant (use additional pages, if needed) and sign it. Thank you very much for taking the time to provide this critical input.

Name of the Applicant _____

REFERENCE *(To be filled in by the Referee)*

Name of the Recommender _____

Address _____

City/Town _____ District _____

State _____ PIN _____

Name of College/ Organization _____

Designation _____

1. How long have you known the applicant? _____

2. In what capacity have you known him/her? _____

3. Wherever possible, rate the applicant's character and potential:

	Poor	Below Average	Average	Good	Outstanding
Academic Achievement					
Extracurricular Accomplishments					
Potential for growth					
Intellectual ability					
Social ability					
Creativity and original thought					
Leadership					
Integrity and values					
Written expression of ideas					

4. What do you know about the applicant's Christian commitment and character?

5. What are the applicant's gifts and talents?

6. What are the Applicant's principal strengths?

7. What are the Applicant's principal development needs?

8. Overall how do you rate the applicant for Academic Excellence and for character and personal distinction?

Overall, I can recommend this scholarship applicant as follows:

	Enthusiastically	Strongly	Fairly strongly	Without enthusiasm	Not at all
For academic ability					
For character and personal distinction					

If you have additional comments that would assist the Scholarship Review Committee in making a decision, please use the space below or attach an additional sheet of paper. Thank you again for your help!

Date: _____

Signature of the Recommender

Please return scanned copy of filled-up form with your signature before 30 Sept 2020 to:
The Secretary, Scholarship Committee at revdracthomas@gmail.com OR Telegram No. 9446361660.

APPRAISAL FORM

FORM NO. 3

PRESBYTER/ CHURCH

Recommender: Thank you for agreeing to submit a recommendation in support of this scholarship applicant. Your comments will not be disclosed to the applicant, will be available to those involved in the scholarship decision process, and will be destroyed when no longer needed for scholarship decision purposes. Please use this form to provide an evaluation of this applicant (use additional pages, if needed) and sign it. Thank you very much for taking the time to provide this critical input.

Name of the Applicant _____

REFERENCE *(To be filled in by the Referee)*

Name of the Recommender _____

Address _____

City/Town _____ District _____

State _____ PIN _____

Phone _____ Mobile _____ Email _____

Name of College/ Organization _____

Designation _____

1. How long have you known the applicant? _____

2. In what capacity have you known him/her? _____

3. Is the applicant a church sponsored candidate? If yes, please provide the nature of his sponsorship?

4. What is the applicant's family financial background? Provide us whatever information you know.

5. What are the Applicant's principal strengths?

6. What are the Applicant's principal development needs?

7. Overall how do you rate the Applicant for Academic Excellence and for character and personal distinction?

Overall, I can recommend this scholarship applicant as follows:

	Enthusiastically	Strongly	Fairly strongly	Without enthusiasm	Not at all
For academic ability					
For character and personal distinction					

If you have additional comments that would assist the Scholarship Review Committee in making a decision, please use the space below or attach an additional sheet of paper. Thank you again for your help!

Date: _____

Signature of the Recommender

**Please send scanned copy of filled-up form with your signature before 30 Sept 2020 to:
The Secretary, Scholarship Committee at revdracthomas@gmail.com OR Telegram No. 9446361660**