



Celestial Ones

www.celestialones.com

M-23, Oil Mill Road, 10th Cross

Kammanahalli, Bangalore – 560084

Ph: 95000 93147 / 91080 06390

Student
Photo

Vimala Scholarship Program

Scholarship Request Form

Date Submitted: _____

Referred by: _____

Father/Mother/Guardian Name: _____

Student Name: _____

Student Sex: ☐ Male ☐ Female

Student Date of Birth: _____

Contact Number: _____

Religion: _____

Student Class & Section: _____

Student Home Address: _____

School Name: _____

School Address: _____

Total Income of Family: _____

Reason for Scholarship: _____

Documents to be submitted along with this form –

1. Students Aadhaar Card
2. Students School/College ID Card
3. Latest Fees paid receipt

Note – The fee paid receipt must be submitted to Celestial ones as soon as the fee is paid for audit purpose.

Father/Mother/Guardian Signature