



**Oasis School for Autism**

**Oasis School for Autism  
Financial Aid Application**



# Oasis School for Autism

<b>Child Information</b> (Information regarding the child to be filled)			
Name:		Age:	
Gender:		CNIC/B Form:	

<b>Family Information</b> (To be filled by Father/Mother/Guardian)			
Marital Status of Parents:		Total Number of Children:	
Parents Status:		Number of Other Dependent(s):	

<b>Other Children</b> (Details for the rest of the children)			
No.	Name	Age	Marital Status/No. of Kids
1.			
2.			
3.			
4.			
5.			

<b>Dependent(s) Information</b> (Any other personnel dependent on child's parents/guardians)			
No.	Name	Age	Marital Status/No. of Kids
1.			
2.			
3.			

## Parent/Guardian's Information

No.	Relation	Name	Age	Address	Contact No.	Qualification	Employment Status
1.							

No.	Relation	Name	Age	Address	Contact No.	Qualification	Employment Status
2.							



## Oasis School for Autism

### Sibling(s) information (Education and Employment)

No. Sibling	Name
1.	

Educational Information (if applicable)	
Current Class	
Educational Institution	
Monthly Tuition Fee	
Scholarship (if any)	
Monthly Tuition Centre Expense	
Monthly Transport Cost to and from Educational Institution	
Annual Cost of Books	
Expected Year of Completion or Discontinuance	
Employment Information (if applicable)	
Name of Organization	
Designation	
Salary	

No. Sibling	Name
2.	

Educational Information (if applicable)	
Current Class	
Educational Institution	
Monthly Tuition Fee	
Scholarship (if any)	
Monthly Tuition Centre Expense	
Monthly Transport Cost to and from Educational Institution	
Annual Cost of Books	
Expected Year of Completion or Discontinuance	
Employment Information (if applicable)	
Name of Organization	
Designation	
Salary	

In case the student has more than two siblings please provide same details for them on an extra sheet and attach this with the application.



## Oasis School for Autism

### Income/Expense Information (Monthly)

Income Information		
No.	Income Source	Amount
1.	Salary/Pension	
2.	Business	
3.	Other Income	

Expense Information		
No.	Expense Source	Amount
1.	Clothing	
2.	Entertainment and Vacations	
3.	Medical Expenses	
4.	Servants Salaries	
5.	Food & Groceries	
6.	Family Mobile Expense	
7.	Internet Expense	
8.	Fuel Expense	
9.	Other Expense	

### House Information

Ownership of House	
Address	
Year of Purchase	
Purchase Price	
Source of Funding for Purchase	
Present Market Value	
Annual Property Tax Paid	
Total Area	
Area Measurement	
Constructed Area	
Area Measurement	

### Insurance Policy

No.	Name of Insurance Company	Type of Policy	Date of Purchase	Maturity Date	Annual Premium Paid
1.					
2.					



## Oasis School for Autism

<b>Automobile(s) Information</b>									
No.	Type	Manufacturing Company	Model	CC	Ownership	Fuel Expense	Maintenance Expense	Token Paid	Insurance Status
1.									
2.									
3.									

<b>Loan Information</b>	
Is your family currently availing any kind of loan(s)	
Number of Outstanding Loans	
Does your family use any Credit Cards	

<b>Loan Information</b>	
Total Amount Availed	
Outstanding Amount	
Source	
Name	
Contact Number	
CNIC	
Loan Availed On	
Repayment Due On	
Purpose	
Total Number of Installment(s)	
Per Month Installment Amount	
Annual Amount Repaid	
Repayment Mode	

<b>Utility Bills</b>						
No.	Type	Annual Bill Expense	Highest Bill	Highest Bill Month	Lowest Bill	Lowest Bill Month
1.	Electricity					
2.	Sui Gas					
3.	Water					

<b>International Travel Information of Parents and/or Student (In the past 5 years)</b>						
No.	Type	Country	Source of Funding	Tenure	Expenditure	Purpose
1.						
2.						



## Oasis School for Autism

<b>Bank Account(s) Information</b>					
No.	Account Type	Account Holder (Father/Mother)	Bank Name	Account No.	Closing Balance
1.					
2.					
3.					
4.					
5.					

<b>Documents for Submission</b>			
Father's CNIC	<input type="checkbox"/>	Mother's CNIC	<input type="checkbox"/>
Latest Salary/Pension slip/ Business arrangement/ Partnership deed	<input type="checkbox"/>	Latest Fee Vouchers of all siblings who are studying	<input type="checkbox"/>
Photograph of Home Front View	<input type="checkbox"/>	Photograph of Kitchen	<input type="checkbox"/>
Photograph of Drawing Room	<input type="checkbox"/>	House Ownership Document	<input type="checkbox"/>
Vehicle Registration Document	<input type="checkbox"/>	Loan Document (In case of formal loan arrangement)	<input type="checkbox"/>
Latest Electricity Bill	<input type="checkbox"/>	Latest Gas Bill	<input type="checkbox"/>
Latest Water Bill	<input type="checkbox"/>	Affidavit Stating Income from Other Source(s)	<input type="checkbox"/>
Father's Income Tax Return	<input type="checkbox"/>	Mother's Income Tax Return	<input type="checkbox"/>
Father's Bank statement for the Last 6 months	<input type="checkbox"/>	Mother's Bank statement for the Last 6 months	<input type="checkbox"/>
A written application stating the eligibility for the concession to the CEO of Oasis School for Autism.	<input type="checkbox"/>	Attach rent deed (if you live in a rental property)	<input type="checkbox"/>

Kindly attach the above-mentioned documents along with the application.



## Oasis School for Autism

<b>Undertaking</b>
--------------------

I \_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_ hereby declare that every piece of information in my application is entirely accurate and unbiased.

And,

I also allow to utilize Donation based funds to support education and therapy sessions for the child.

Signature: \_\_\_\_\_

### Notes:

During the assessment this application the applicants may be required to provide any additional evidence that may be deemed necessary by the institute for the further evaluation of the application