Innovative Development Education Academy (IDEA)
Darbarthok, Pokhara -9, Pokhara
Phone: +9779828043572 | Email: connect@idea.edu.np

School Level Scholarship Application Form

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Please complete this form and submit it to IDEA.

Full Name of Applicant:
_____

Date of Birth:
_____

Gender:
_____

Permanent Address:
_____

Current Address:
_____

Phone / Mobile:
_____

Email:
_____

Current School Name:
_____

Class / Grade:
_____

Parent / Guardian Name:
_____

Parent / Guardian Contact:
_____

Family Annual Income:
_____

Reason for Scholarship Request:
_____

Declaration:
I hereby declare that the information provided above is true and correct.

Applicant Signature: _____ Date: _____