

**SCHOOL SCHOLARSHIP SCHEME
APPLICATION FORM FOR ACADEMIC YEAR 2024-25
INTERNATIONAL INDIAN SCHOOL DAMMAM**

	Father	Mother
Name		
Occupation		
Iqama Number		
Monthly salary		
Salary certificate duly attested by employer/sponsor		
GOSI statement duly attested by employer		

	Details of the student
Name of the Child	
Admission Number	
Class & Section	
Iqama Number	
Monthly tuition fees (SAR)	
Studying in this school since	
Name and admission number of the siblings studying in the school	

We the undersigned parents of _____ hereby confirm:

1. The above facts are true and correct.
2. That we have understood the terms of the School Scholarship Scheme.

Signed by:

Father's name:..... Mother's name:.....

Contact no: Contact no:

Date of application: _____

APPROVAL – SMC



APPROVAL - PRINCIPAL