International Hope School Bangladesh
Scholarship Assessment Form

Applicant Information:

- Full Name: _____
- Date of Birth: _____
- Grade/Class: _____
- Student ID (if applicable): _____
- Contact Number: _____
- Email: _____
- Parent/Guardian Name: _____
- Parent/Guardian Contact: _____

Academic Information:

- Latest Academic Year (AY 2023-2024) Average Score: _____
- Percentage of Average Score (20%): _____ (Max 20 points)

Scholarship Exam Performance:

- Exam Score: _____ (Max 70 points)

CV & Viva Assessment:

- CV Evaluation Score: _____
- Viva Score: _____ (Max 10 points)

Total Score: _____ / 100

Required Documents (Attach Copies):

Declaration:
I hereby declare that the information provided is accurate and all required documents are attached. I understand that scholarship awards are based on merit and subject to final decision by IHSB Management.

Signature of Applicant: _____
Date: _____

Signature of Parent/Guardian: _____
Date: _____

For Official Use Only:

- Reviewed By: _____
- Date: _____
- Remarks: _____
- Final Decision: _____

IHSB Management Approval:
Signature: _____
Date: _____