



J&A Bharat HSE Foundation

(Thinking Globally... Acting Locally)

Regn No. 31-IV-2022 dt 1st Feb 2022

Application Form for J&A BHF & Dr Pravin Patel - Mita Patel Health Care Students Scholarship Program

Section I, Student Information:

Name:			
Address:			
City:		State/Zip:	
Daytime Phone No:		Email:	
Photograph (Insert digital photograph here or paste it in hard copy):			
Are you an Indian citizen and resident? (Strike whichever is not applicable) Yes: No:			
University:		City/State:	
Planned Graduation Date:		Degree Program:	
Overall Undergraduate GPA:		No. of Undergraduate credits this term:	

Credits completed towards degree:		No. of hours completed at current university:	
Eligibility criteria: Verification by faculty member and transcripts.			Check Box:
a.) Official transcripts (refer to section III). <ul style="list-style-type: none"> • Verifies good academic standing. • Verifies completion of at least 6 semester hours per semester. • Verifies GPA of at least 3.0 from a 4.0 system (Less than 3.0 not eligible). 			
b.) Verification by faculty member (refer to section II on Page 3) . <ul style="list-style-type: none"> • Includes verification of official enrollment in an occupational environment, safety & health and sustainability program. • Verifies completion of one-year in the Health care academic programs 			

Section II : Student Narrative:	
Please answer the following questions in 300 words (or less):	
1	Why are you seeking a degree in Health Care Profession? Please provide a brief description of your current activities and how they relate to your career goal and objective. (i.e. Work experience, education, etc.)
2	Describe why you should be awarded this scholarship. (i.e. career goals, financial needs, etc.)
	Signature of student with Date

Section 3 : Declaration by Faculty Member (to be completed by Faculty member of the college, where the student is currently studying)

1	Name:	
2	Designation	
3	Department	
4	Institution and address	
5	Phone, e-mail etc	
6	Certification / Declaration	
	I certify that the applicant meets the eligibility in section I, including verification of specific enrollment in Health Care program.	
	Signature with Date	
	Note: This declaration can be obtained on the Institution Letter Head and attach, if required	

Section 4 : Official Transcripts

	<p>Official Transcripts of the student must be sent from the institution to J&A Bharat HSE Foundation at: jabharathsefoundation@gmail.com and copy to Prof Ramana Ramanathan kr.ramana@gmail.com; Dr Laxminarayan Proddutooru pls29653@gmail.com> with a copy to Founding Trustees, Jitu Patel pateljc2002@yahoo.com and Ashok Garlapati ashokcpcl@yahoo.com (Mention subject as Official Transcript of Student XXXXXXXX)</p>
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