**American Progressive Telugu Association [APTA]**

Ap-ta.org

**Application for APTA Sthree Dhanam Program**

**Please read the following guidelines before start completing your application.**

1. **Please be advised that, this program is intended ONLY for a girl with a minimum age of 18 years who is based in Telugu states of Telangana & AP and whose parental annual income is less than 5.00 lakhs bride.**
2. **Please complete your application in CAPITAL Letters with BLACK/BLUE ink.**
3. **Please fill out your application completely. Incomplete applications will not be considered.**
4. **Scan the filled application and e-mail it to your referrer along with marks memos from 10th Class or Birth Certificate and Proof of Family Income (less than or equal to Rupees 5 lakhs per year).**
5. **Please fill out your application completely. Incomplete applications will not be consideredScan the filled application and e-mail it to your referrer along with marks memos from 10th Class or Birth Certificate and Proof of Family Income (less than or equal to Rupees 5 lakhs per year).**
6. Your Surname and Name (As per the records):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Your Surname and Name (As per the records):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ATTACH PHOTO

1. Parents Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. E-Mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Door No: \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Who Referred you for APTA Sthree Dhanam program from APTA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Referrer name must be filled by the Applicant)

1. Details of beneficiary education (Fill in Whatever applicable):

|  |  |  |  |
| --- | --- | --- | --- |
| **Higher Education** | **Name of Education Institution & Address** | **Year Passed** | **Received marks/points** |
|  |   |   |   |

1. Details of the family members:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Member** | **Name** | **Age** | **Education** | **Occupation** | **Income(Annual)** |
| Father |   |   |   |   |   |
| Mother |   |   |   |   |   |
| Siblings-1 |   |   |   |   |   |
| Siblings-2 |   |   |   |   |   |
| Siblings-3 |   |   |   |   |   |

**Following Questions can be answered in Telugu/English or video record**

**(Send YouTube link)**

1. Mention any thing important you want to share with APTA about you and your family.
2. How do you justify that you are eligible for this program?
3. What are your future plans?
4. How do you hear about our program? Write a small paragraph about our organization

**Information to the Applicant:**

1. APTA reserves the right to verify your information that was provided.
2. APTA has every right to disqualify your application if the above provided information proved to be inaccurate.
3. APTA reserves the right to deny your application if it does not meet eligibility criteria

I affirm that above information is true.

**------------------------------------------------**

 **(Name of the Applicant)**

**-----------------------------------------**

**(Place)**

**-----------------------------------------**

**(Signature / Thumb Impression of the applicant)**

**-----------------------------------------**

**(Date)**

**I vouch for the information provided in this application by my daughter.**

**-----------------------------------------**

 **(Name of the Parent/Guardian)**

**-----------------------------------------**

**(Place)**

**-----------------------------------------**

**(Signature / Thumb Impression of the Parent/Guardian)**

**-----------------------------------------**

**(Date)**