



**The Association of
International Certified Public Accountants**

(Inc. in South Asia and England & Wales)

A Non-Government & Non-Profit International Organization striving for professional excellence in Accounting & Finance



Corporate / Regd. Offices

18 Abbey House, Stoke Road, Slough
Berkshire, SL2-5AG, United Kingdom
Ph: (44) 77-86961247. 17-53722180-81
info@CPAPRO.eu | www.CPAPRO.eu

Suite No. 14, 2nd Floor, Rehmat Center
I-8-Markaz, Islamabad-44000, Pakistan
Ph: (9251) 252-1-251. 252-1-252
info@CPAPRO.pk | www.CPAPRO.pk

Form: ASF-I UDCs Students

Scholarship | Associate-ship | Study Loan

Personal Details

Name: _____ **Passport No:** _____
Program/Degree: _____ **Marital Status:** _____
Present Address: _____
 _____ **Phone:** _____
Permanent Address: _____
 _____ **Phone:** _____
Email: _____ **Mobile:** _____

Employment Details

Are you working? Yes / No: _____ (Fill the below box if your answer is Yes)

Name of Employer			
Address			
Designation		Gross Pay / PM	

Family Details

Father Name: _____ **Passport No:** _____
Status (Alive/Deceased) _____ **If Alive, Fill the form below**

Professional Status	(Employed / Retired / Business Owner / Other)?		
Name of Employer		Phone	
Address			
Designation/Grade		Annual Pay	

Total Family Members in your Family: _____
Total Family Members living with you: _____
Total Number of Brothers / Sisters married, Living with Family: _____

Complete this form and return to:

Email: Scholarships@CPApro.EU Website: | www.CPAPRO.eu | www.CPAPRO.pk |



Form: ASF-I UDCs Students

Scholarship | Associate-ship | Study Loan

Details of Family Members Earning

Sr. No	Name	Relationship	Organization:	Designation	Monthly Pay
1					
2					
3					
4					

Total Monthly Family Income (Add Self Income, If Applicable) _____

Total Annual Family Income (Add Self Income, If Applicable) _____

Details of Siblings / Referrals Studying

Brothers / Sisters / Children / Family Members / Colleagues (referred by you) studying with The Association:

Sr. No	Name	Relation	Name of Course	Scholarship Availed
1				
2				
3				
4				

UNDERTAKING

- The information given in this application is true to the best of my knowledge and I understand that any incorrect information will result in the cancellation of this application and might result in expulsion from the concerned university / program / course. If any information given in this application is found incorrect or false after grant of financial assistance, the institute will stop further assistance and the student will have to refund all payment received and or penalty equal to total scholarship amount.
- The Association reserves the right to use information given in this form for verification and other purposes.

Dated: _____

**Parent / Guardian /
Immediate Supervisor's
Signature:** _____

Applicant Signature: _____

Complete this form and return to:

Email: Scholarships@CPApro.EU Website: | www.CPAPRO.eu | www.CPAPRO.pk |



PROFESSIONAL REFERENCE FORM (To Be Provided By All Applicants)

Section 1: TO THE APPLICANT

Surname/Family Name:

First Name:

Title: (Dr., Mr., Ms., etc.):

Program & Route of Study:

Commencing in _____ Course Title: _____

Section 2: TO THE REFEREE

The above-named is applying for scholarship to complete CPA Professional @ Programme, and has named you as a referee. We would be grateful to receive, in confidence, your opinion of the candidate's suitability for the proposed scholarship. Thank you for providing a reference.

Surname/Family name:

Title: (Dr., Mr., Ms., etc)

First name:

Position:

Qualification: Relationship to Applicant:

Address:

Tel:

Email:

How long have you known the applicant?

Your Comment on the above applicant

Signature: _____

Date: _____

Complete this form and return to:

Email: Scholarships@CPApro.EU Website: | www.CPAPRO.eu | www.CPAPRO.pk |