

Individual Initial Educational Support (IIES) — Project Application Checklist

Purpose: This checklist helps the executor gather all required information and documents before creating an **Individual - Initial - Educational support** project application in the system.

> **To create a PDF:** Open `IIES_Project_Application_Checklist.html` in a browser and use **File → Print → Save as PDF**, or use a Markdown-to-PDF tool (e.g. Pandoc, VS Code “Markdown PDF” extension) on this file.

1. General Information

| Field | Description | Notes |
|---------------------------------|--|----------------------------------|
| **Project Type** | Individual - Initial - Educational support - Project Application | Pre-selected for this form |
| **Predecessor Project** | (Optional) Select if continuing from a previous project | Dropdown |
| **Project Title** | Title of the project application | Required |
| **Name of the Society / Trust** | Society or Trust submitting the application | Select from list |
| **President / Chair Person** | Name | Often pre-filled from your login |
| **Project Applicant** | Name, Mobile, Email | Often pre-filled from your login |
| **Project In-Charge** | Select from list; Name, Mobile, Email will fill | Required; same province |
| **Full Address** | Address of the project / institution | |
| **Overall Project Period** | 1, 2, 3, or 4 Years | |
| **Current Phase** | Phase 1 to 10 | |
| **Commencement Month** | Month (1–12) | |
| **Commencement Year** | Year | |
| **Overall Project Budget** | Auto from “Balance amount requested” in Estimated Expenses | Read-only in form |
| **Project Co-Ordinator, India** | Name, Phone, Email | Usually system-filled |

2. Key Information

| Field | Description |
|--------------------------|-------------------------------------|
| **Initial Information** | Brief initial/context information |
| **Target Beneficiaries** | Description of target beneficiaries |
| **General Situation** | General situation and background |
| **Need of the Project** | Why this project is needed |
| **Goal of the Project** | Project goal |

3. Personal Information of the Beneficiary

| Field | Description |
|---------------------|---|
| **Name** | Beneficiary's full name |
| **Age** | Age in years |
| **Gender** | Male / Female / Other |
| **Date of Birth** | DOB |
| **E-mail** | Beneficiary's email |
| **Contact number** | Phone number |
| **Aadhar number** | Aadhar ID |
| **Full Address** | Complete address |
| **Name of Father** | |
| **Name of Mother** | |
| **Mother tongue** | e.g. Telugu, Hindi |
| **Current studies** | Course/class currently pursuing (e.g. Intermediate MPC 2nd year, Diploma CME) |
| **Caste** | e.g. BC-D, SC, ST |

3.1 Information about the Family

| Field | Description |
|------------------------------|---------------------|
| **Occupation of Father** | e.g. Coolie, Driver |
| **Monthly income of Father** | Amount (₹) |

| **Occupation of Mother** | e.g. Housewife, Ayah |
| **Monthly income of Mother** | Amount (◻) |

4. Details of Other Working Family Members

You can add multiple rows.

| No. | Family Member | Type/Nature of Work | Monthly Income (◻) |
|-----|--------------------|---------------------|--------------------|
| 1 | | | |
| 2 | | | |
| ... | Add more as needed | | |

5. Details about Immediate Family Members

5.1 Immediate Family Details (tick if applicable)

- [] Mother expired
- [] Father expired
- [] Grandmother supports family
- [] Grandfather supports family
- [] Father deserted the family
- **Any other:** _____

5.2 Health of Father (tick if applicable)

- [] Chronically sick
- [] HIV/AIDS positive
- [] Disabled
- [] Alcoholic
- **Others:** _____

5.3 Health of Mother (tick if applicable)

- [] Chronically sick
- [] HIV/AIDS positive
- [] Disabled
- [] Alcoholic
- **Others:** _____

5.4 Residential Status (tick if applicable)

- [] Own house
- [] Rented house
- **Others:** _____

5.5 Family Situation

Describe the family situation (text).

5.6 Need of Project Assistance

Describe why project assistance is needed (text).

5.7 Financial Support

Has the family of the beneficiary received financial support previously through St. Ann's projects?

- () Yes
- () No

If yes, give details: _____

5.8 Employment with St. Ann's

Are any family members of the beneficiary employed with St. Ann's?

- () Yes
- () No

If yes, give details: _____

6. Educational Background / Present Education (Support Requested)

| Field | Description |

| |
|--|
| ----- ----- |
| **Previous academic education** e.g. 10th passed, Intermediate 1st year |
| **Name of previous institution** |
| **Address of previous institution** |
| **Percentage of marks secured** e.g. 60, 54 |
| **Studies currently pursued** e.g. Intermediate (MPC) 2nd year, Diploma (CME) |
| **Name of present institution** |
| **Address of present institution** |
| **Educational aspiration and area of interest (Dreams of the beneficiary)** Longer text |
| **Sustainability of the support** How the support will affect the beneficiary's life in the long run |

7. Scope of Receiving Financial Support

| Field | Description |

| |
|--|
| ----- ----- |
| **Is the beneficiary eligible for government / any other scholarship?** Yes / No |
| **Expected amount of (government) scholarship (■)** If yes |
| **Is the beneficiary eligible for any other scholarship?** Yes / No |
| **Expected amount of other scholarship (■)** If yes |
| **Family contribution (■)** |
| **If no contribution from family, mention the reasons** Text (if applicable) |

8. Estimated Expenses

8.1 Expense Items (add as many rows as needed)

| No. | Particular (e.g. College Fee, Hostel Fee, Uniform, Text books) | Amount (■) |

| |
|-------------------|
| ----- ----- ----- |
| 1 _____ _____ |
| 2 _____ _____ |
| 3 _____ _____ |
| ... Add more |

Total expense of the study (■): *Calculated automatically in the form.*

8.2 Other Financial Sources

| Field | Amount (■) |

| |
|--|
| ----- ----- |
| **Scholarship expected from government** _____ |
| **Support from other sources** _____ |
| **Beneficiaries' contribution** _____ |

Balance amount requested (■): *Calculated automatically; this becomes the Overall Project Budget.*

9. Attachments and Documents

Accepted formats: PDF, JPG, JPEG, PNG

Maximum file size: 5 MB per file.

You can upload more than one file per type where the form allows.

| # | Document | Description / When Required |

|---|-----|-----|

| | | |
|---|---|--|
| 1 | **Aadhar Card** | True copy of beneficiary's Aadhar |
| 2 | **Fee Quotation from Educational Institution** | Original from the institution |
| 3 | **Proof of Scholarship Received Previous Year** | If the beneficiary received scholarship in the previous year |
| 4 | **Medical Confirmation** | Original; ill health of parent(s) — if applicable |
| 5 | **Caste Certificate** | True copy; if caste-based support / eligibility |
| 6 | **Self Declaration** | Original; in case of single parent |
| 7 | **Death Certificate** | True copy; if parent(s) deceased |
| 8 | **Request Letter** | Original copy from beneficiary/family |

Checklist before upload:

- [] Aadhar Card (true copy)
- [] Fee Quotation (original)
- [] Proof of Scholarship (previous year), if applicable
- [] Medical Confirmation (if parent ill health)
- [] Caste Certificate (true copy), if applicable
- [] Self Declaration (single parent), if applicable
- [] Death Certificate (deceased parents), if applicable
- [] Request Letter (original)

Quick Reference: Section Order in the Form

1. General Information
2. Key Information
3. Personal Information of the Beneficiary (+ Family info)
4. Details of Other Working Family Members
5. Details about Immediate Family Members
6. Educational Background / Present Education
7. Scope of Financial Support
8. Estimated Expenses
9. Attachments and Documents

Last updated to match the IIES project application form and controllers in the system. If the form changes, this checklist may need to be updated.