



SWF SCHOLARSHIP

Certified Nursing Assistant (CNA) Program

CLAIM – FORM

- **Full Name:** _____
- **Father's Name:** _____
- **College/University:** _____
(Include full postal address of the institution)
- **Claim Period (Semester/Year/Term):** _____
- **Contact Details:** _____
(Cell Number & Email)
- **Student's Signature:** _____
- **Date:** _____

RECOMMENDATION BY THE PRINCIPAL/HEAD OF DEPARTMENT

The **SWF Scholarship Program** does not support students who are receiving any other scholarship (Government/Private). The Principal/Head of Institute is requested to confirm the following details:

1. The student **is not** receiving any other scholarship apart from the SWF.
 - **Confirmation:** _____
2. The student has obtained _____ marks with _____% in the _____ program for the claimed period _____.
3. Additional Comments (if any): _____

Principal/HOD/Registrar

Name: _____

Official Contact#: _____

Email: _____

TERMS FOR SCHOLARSHIP CONTINUATION

The SWF Scholarship will be terminated if:

- a) The student fails to claim the scholarship or does not correspond with SWF for over one year.
- b) The student exhibits failure or unsatisfactory academic performance.
- c) The student faces disciplinary action from the institution.
- d) The student is found to be receiving any other scholarship (Government/Private).

Official Stamp _____