

## Scholarship Application Form

Surname: .....

Gender: Male / Female

First Names: ..... Birth Date: .....

Physical Address:.....

.....

Postal Address: .....

Contact Numbers:

Cellular: ..... Alternate .....

Next of Kin: Name .....

Relationship: .....

Contact Numbers: Cellular ..... Alternate .....

Course Applied For: (Delete not applicable)

- Emergency Medical Care
- Instrumentation Technician

Institution/s Applied To:.....

Highest Level of Education Attained: .....

Last Institution Attended: .....

Address: .....

Name of Referee: .....

Contact Numbers: Cellular ..... Alternate .....

**PLEASE ATTACH THE FOLLOWING TO THIS APPLICATION:**

- Recent passport size photograph
- Certified Copy of your passport;
- Motivational Letter of no less than 250 words.
- Detailed Curriculum Vitae;
- Certified copies of academic certificates and transcripts.
- Acceptance letter from the University, if available or proof of application.

**YOUR APPLICATION MUST BE PUT TOGETHER IN THE FOLLOWING ORDER**

1. Application sheet ie this document;
2. Copy of your passport
3. Motivational Letter
4. Detailed Curriculum Vitae
5. Acceptance letter from or proof of application to a University
6. Certified copies of academic certificates and transcripts.

**PLEASE NOTE:**

- **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**
- **APPLICATIONS RECORDING AREAS OF STUDY NOT ADVERTISED WILL NOT BE PROCESSED.**
- **AWARDING OF SCHOLARSHIPS IS SUBJECT TO THE ACCEPTANCE BY A RECOGNISED TERTIARY INSTITUTE, OF THE APPLICANT, IN THE YEAR THE SCHOLARSHIP IS AWARDED.**