

FORM OF APPLICATION GENERAL SCHOLARSHIP

PHOTOGRAPHS

Write your full name on the back of a recent photograph passport size and staple secure here. Your application will be deemed incomplete if photo is omitted.

Each candidate must complete two copies of this form to be either typewritten or written legibly in ink. Other documents to be submitted with the two forms are:

- (i) Two recent passport size photographs one stapled to each form in the space provided above.
- (ii) Certified copies of documents evidencing qualifications.
- (iii) One certified copy of your birth certificate or evidence of date of birth.

1.	(a) NAME IN FULL (block capitals)			
	(b) SEX (c) TITLE (Mr, Mrs, Miss, Ms, etc.)			
2.	NATIONALITY / BELONGER STATUS			
3.	PLACE AND DATE OF BIRTH			
4.	RELIGION			
5.	FAMILY			
	(a) Single or married			
	(b) Number of children if any with ages			
6.	ADDRESS (for correspondence about this application) (block capitals)			
7.	ADDRESS OF PERMANENT RESIDENCE (if not the same as 6) (block capitals)			
8.	(a) TELEPHONE NUMBER (b) EMAIL ADDRESS			
	(c) FAX			
9.	COURSE/PROGRAMME REQUESTED			
10	. LEVEL OF TRAINING REQUESTED (e.g. Certificate, Diploma, Degree, etc.)			

II. PREFERENCE AS	TO PLACE OF STUDY (Institution/s requested)	
(a)			
(b)			
(c)			
12 EDUCATIONAL D	ECOPD (got out in almong	dorical andam)	
12. EDUCATIONAL R	ECORD (set out in chrono	ological order)	
Educational Institution Final Secondary Stage	Place & Country	Years attended From To	Degrees, Diplomas or certificates gained (with classes of honours, etc.)
Higher Education			
	when result expected.		
13. JOB EXPERIENCE	E (List positions held beginn	ing with most recent post)
Name of Employer	Job Title	Date From	s (Months/Year) To
14. PREVIOUS TRAIN	NING AWARDS (Give deta	ils)	
Programme	Date	Institution	

15.	PROPO 	SED FUTURE OCCUPATION
16.	BONDS	
	(a)	Have you been previously bonded? No Yes
	(b)	Have the terms of the bond been completed? No Yes
17.	WHAT	IS THE ESTIMATED COST OF YOUR TRAINING EC\$
18.	DURAT	TION OF COURSE
19.	DATE C	OF COMMENCEMENT
20.	ON CO	MPLETION OF YOUR TRAINING WHERE DO YOU PROPOSE TO WORK?
		S AND ADDRESSES OF SURETIES FOR BONDING PURPOSES.
	(i)	Tel.#
		Cell#
		Email
	(ii)	
		Tel.#
		Cell#
		Email
SIG	SNED	(Applicant)
DA'	TE	
П		

Note: Completion of this application form does not guarantee availability of Training Funds.

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