



## AVU SCHOLARSHIP APPLICATION FORM

**Program/Course:** \_\_\_\_\_

**Personal Information**

Surname: \_\_\_\_\_

Other names: \_\_\_\_\_

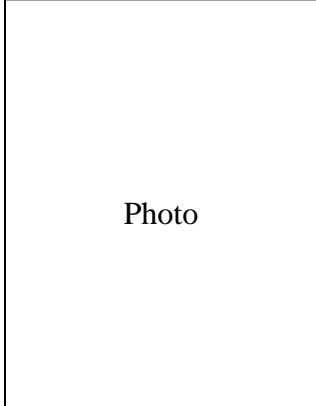
Female

Male

Date of birth (day/month/year): \_\_\_\_\_

Student's Registration Number: \_\_\_\_\_

Nationality: \_\_\_\_\_



**Permanent address:**

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Country: \_\_\_\_\_

Country Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Education**

Qualification Obtained	Year

**Institution<sup>1</sup>**

Partner Institution: \_\_\_\_\_

Town: \_\_\_\_\_ Country: \_\_\_\_\_

**Total amount of scholarship requested in US dollars:** \_\_\_\_\_

\_\_\_\_\_  
*Signature of Student*

Date:.....

\_\_\_\_\_  
*Director AVU Learning Centre*

Date & Official Stamp \_\_\_\_\_

<sup>1</sup> Complete this section if you are applying through an AVU Partner Institution

*Statement of Purpose*

**Explain in your own words, why you think you deserve this scholarship.**

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*Student's Signature*

*Date:.....*