



AFRICAN VIRTUAL UNIVERSITY  
UNIVERSITE VIRTUELLE AFRICAINE  
UNIVERSIDADE VIRTUAL AFRICANA

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

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

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

Photo
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### **Education**

Qualification Obtained ( <i>Provide the full name of the qualification</i> )	Year

### **Amount of scholarship requested**

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

(Please note that the amount will not be paid to students but will be used for the registration fees)

Check this box if you acknowledge having been informed that no money will be remitted to students.

