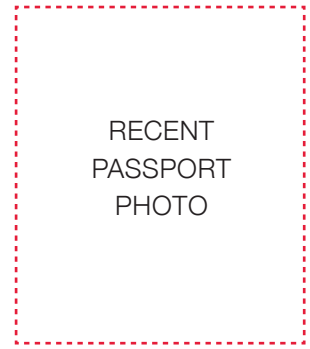


SCHOLARSHIP APPLICATION FORM



RECENT
PASSPORT
PHOTO

TERM YOU ARE APPLYING FOR:

- AUGUST 20____
- JANUARY 20____

PROGRAM (SELECT ONE)

- DEGREE
- DIPLOMA

SURNAME

FIRST NAME

OTHER NAME(S)

SEX

MALE	FEMALE
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DATE OF BIRTH

DAY	MONTH	YEAR
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STUDENT ID#

COUNTRY OF RESIDENCE

CONTACT INFORMATION

EMAIL

TELEPHONE

COUNTRY/AREA CODE	PHONE NUMBER
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ADDRESS

CITY

STATE/REGION

POSTAL CODE

COUNTRY

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PLEASE ATTACH THE FOLLOWING DOCUMENTS TO THIS FORM:

- LETTER STATING WHY YOU ARE APPLYING FOR THE SCHOLARSHIP
- COPY OF ID
- PASSPORT PHOTO
- BANK STATEMENTS
- COPY OF WASSCE EXAM RESULTS
- COPIES OF AWARDS, HONORS, CERTIFICATES, ETC.

ATTN: REGISTRAR
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