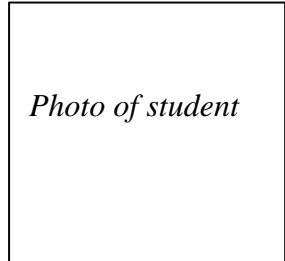


**SHEAMA Scholarship Awards Application Form**



**This scholarship is applicable ONLY to students applying for SHEAMA supported ODeL short courses. Application for SHEAMA scholarships is free- Please contact the Scholarship and Grants Associate on [+265884929849](tel:+265884929849) for more inquiries**

**Eligibility:**

- A. Applicant must be Malawian, female/male
- B. Applicant must be able to demonstrate an inability to pay tuition/fees
- C. Applicant must be selected from a CDSS and live in a rural area
- D. Applicant must belong to a vulnerable/disadvantaged group

**A. GENERAL INFORMATION**

***STUDENT INFORMATION***

Applicant's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Nationality \_\_\_\_\_ Sex \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Which Vulnerable/Disadvantaged group do you belong to?  Disability  
 Orphan  
 Adolescent Girls and Young Women  
 None of the above

Traditional Authority of Origin \_\_\_\_\_ District \_\_\_\_\_

Village \_\_\_\_\_ Phone No (Village Head) \_\_\_\_\_

**PARENT/LEGAL GUARDIAN INFORMATION**

Name of parent(s) or legal guardian(s) \_\_\_\_\_

District of Origin \_\_\_\_\_ Village \_\_\_\_\_

Traditional Authority of Origin \_\_\_\_\_

Guardian/Parent's contact address & phone number \_\_\_\_\_

Father's/Guardian's Profession \_\_\_\_\_ Monthly Income \_\_\_\_\_ (MKW)

Father's/Guardian's Highest Level of Education \_\_\_\_\_

Mother's/Guardian's Profession \_\_\_\_\_ Monthly Income \_\_\_\_\_ (MKW)

Mother's/Guardian's Highest Level of Education \_\_\_\_\_

**B. EDUCATION INFORMATION** (for the University that you are applying to)

School/Institution \_\_\_\_\_ Address \_\_\_\_\_

Mode of Training \_\_\_\_\_ (Face to Face, ODL, Short course)

Program of Study \_\_\_\_\_ (Degree, Diploma, Certificate)

Expected Graduation date \_\_\_\_\_ (mm/dd/yy)

Cost of tuition per academic year \_\_\_\_\_ (MKW)

**Schools Previously Attended:** (for the CDSS, Open School that awarded you the MSCE)

Name of School	Date Attended	Qualification
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_____	_____	_____
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Name of Head Teacher for school Recently Attended \_\_\_\_\_

Contact Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

Scholarships offered before \_\_\_\_\_ (*Please indicate "NO" if none*)



**C. APPLICATION STATEMENT**

The information provided in my application is, to the best of my knowledge, complete and accurate, and I understand that false statements on this application will disqualify me from the scholarship.

I, \_\_\_\_\_, give permission for any University/college or school to release to SHEAMA Scholarship Project any information necessary to process my application.

Applicant's Signature \_\_\_\_\_ (Date) \_\_\_\_\_