

MUTUAL AID FOUNDATION
Mutual Aid Foundation Scholarships Scheme
APPLICATION FORM

1. **SURNAME** (in block letters): Mr /Mrs/Miss
2. **Other name:**
3. **Date of Birth:**...../...../..... **NID No:**

| | | | | | | | | | | | | | | | | | | | |
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4. **Address:**
.....
5. **Phone No.**
Email address:
6. **Higher School Certificate / A-Level Results:**

| SUBJECTS | SUBJECT | SUBJECTS | SUBJECTS |
|-----------------|---------|------------------|----------|
| Principal Level | Grade | Subsidiary Level | Grade |
| | | General Paper | |
| | | | |
| | | | |
| | | | |
| | | | |

7. **Degree Course to which admitted at University of Mauritius.**
.....
8. **Student Identity No.**
9. **Academic year:**
10. **Duration of studies:**
11. **Parents Income :**

| STATUS | NAME | OCCUPATION / SOURCE OF INCOME | MONTHLY INCOME |
|--------|------|-------------------------------|----------------|
| Mother | | | |
| Father | | | |
| | | | |

(Please insert NIL where not applicable)

12. **Details of other children in your Family attending Secondary School/Training Institution.**

| NAME | RELATIONSHIP TO APPLICANT | DATE OF BIRTH | EDUCATIONAL INSTITUTION ATTENDED | CURRENT CLASS ATTENDED |
|------|---------------------------|---------------|----------------------------------|------------------------|
| | | | | |
| | | | | |
| | | | | |

(Please insert NIL where not applicable)

13. **University fees** (including tuition and general fees) per annum:

Rs.....

14. I hereby declare that:

- (i) all the particulars in this application form are true and accurate;
- (ii) I have not benefitted from any other scholarship or grant;
- (iii) I undertake to follow and complete the programme of studies and to inform the Mutual Aid Foundation if I obtain another scholarship/grant or decide to withdraw from the programme of studies;
- (iv) I authorize the University of Mauritius to reveal my academic results, attendance and behavior to the Mutual Aid Foundation for the purpose of the scholarship;
- (v) I am aware that if I have furnished wrong and misleading information to the Mutual Aid Foundation, I may become liable to refund any allowance paid to me by the Foundation.

Signature of applicant Date:/...../.....

Name of Responsible Party:

Signature of responsible party: Date:/...../.....