

UNIVERSITY OF MAURITIUS OFFICE OF THE REGISTRAR STUDENT WELFARE OFFICE

<u>Application Form for The University of Mauritius Scholarship Scheme for</u> <u>Disabled Students – Academic Year 2020/2021</u>

SECTION A

PLEASE FILL IN BLOCK LETTERS:

1. Personal Details:

Title: Mr/Mrs/Miss	(dele	te as	s app	oroj	oriate	e)							
Surname of Applicant													
Other Names													
Maiden Name (<i>if applicable</i>)													
Marital Status: Single					Ма	rried		Ot	hers	(spe	cify):	 	
Date of Birth:										-	-	······) of applic	
National ID Number:													
Country of Birth:								 					
Nationality:	Nationality: Mauritian Other (please specify)												
If naturalised (certificate of naturalisation to be annexed) Date of Naturalisation:													
Address for Correspondence:													
Telephone No (Home): (Mobile):													
Email Address:													
Present Occupation of applicant: Student/Unemployed/Employed/(Other Specify):													
Name of Employer (<i>if applicable</i>):													

2. Details of Programme of Studies:

Name of Programme of Study	Duration (Years)	Year of Study (at the time of application)	Fees per annum (Rs) (Fees will include Tuition Fees, General Fees and Other Fees, where applicable)
Undergraduate Postgrad	uate		
Mode: Full-Time Part-time			

3. (a) Have you applied for any other scholarship/financial assistance for this Academic Year 2020/2021?

	Yes	S No
	lf "۱	es" please provide the following details:
	(i)	Name of Scholarship Scheme/Financial Assistance/Sponsorship:
	(ii)	Amount of Scholarship/Financial Assistance/Sponsorship: Rs
(b)		ve you benefitted from any other scholarship/sponsorship/financial Assistance the past? (<i>Please tick as appropriate</i>)
	Yes	S No
	۱f "۱	es" please provide the following details:
	(i)	Academic Year: (ii) Type: One-Off Renewable
	(iii)	Amount received: Rs
	(iv)	Name of Scholarship Donor:
		Name of Scholarship Scheme:
	(v)	Contact details of the Scholarship Donor:
		Name:
		Email Address:

4. Educational Records:-

(i) <u>School Certificate/G.C.E 'O' Level Results</u>

Year:	Examination Centre No.:	Index No.:
School:		Aggregate:
	Subjects	Subject Grade

(ii) <u>Cambridge Higher School Certificate / London General Certificate / French</u> <u>Baccalaureate (FB) / International Baccalaureate (IB) Results</u>

Year: Index No.: School:

Subjects	Subject Grade
Advanced Level	
Advanced Subsidiary Level	

	(iii) Other Qualifications (Any other Post-Secondary Qualifications obtained)								
	Awarding Body	Title of Award	Level	Percentage	Fro	From		То	
			Achieved	Achieved	Month	Year	Month	Year	
1									
2									
3									
4									
5									

5. Are you a beneficiary of the Basic Invalid Pension from the Ministry of Social Security, National Solidarity and Reform Institutions?

Yes No

If "Yes" please indicate the amount:

SECTION B: DISABILITY INFORMATION

Purpose and Instructions

This section is used to determine your eligibility for assistance under the University of Mauritius Scholarship Scheme for Disabled Students. Eligibility is based on the functional impact of the disability on your ability to participate in a higher educational environment and, in some instances, the permanence of this disability.

Ensure that you complete all sections. If you require additional space, please attach a letter with the additional information. Provide clear statements about your disability-related functional limitations and /or restrictions.

6. Nature of Disability – Please tick as appropriate

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Physical Disability (e.g, orthopaedic, mobility problems, spinal cord injuries, spinal deformity, spina bifida, hemiplegia, cerebral palsy, sensory integration deficits, visual spatial perception etc)

Social, emotional and behavioural disturbance (e.g, attention deficit hyperactive disorder, combined hyperactive – impulsive and inattentive, schizophrenia, anxiety disorders, obsessive compulsive disorder, emotional and behaviour disorders and antisocial personality disorder etc)

Intellectual and Brain related disabilities (e.g., dyslexia, dysgraphia, dyspraxia, dyscalculia, gifted, down syndrome, fragile x syndrome, William syndrome, Epilepsy and epileptic syndromes etc)

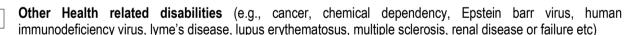
Visual impairment

Communication Disorder (e.g., hearing impaired, speech disorders, language disorders etc)

Autism Spectrum Disorder (e.g., autism, Asperger's, pervasive developmental disorders etc)



Multiple Disabilities (e.g., restricted movements, skeletal deformities, sensory disorders, seizure disorders, lungs and breathing control etc)



7. Please provide further details on the nature and degree of disability in the space below.

8. Support Requirements (Please tick as appropriate)

(Specialised equipmer	nt)
Specify equipment required	
(Specialised services of	or arrangements)
Specify services and arrangements required	

9. Contact details of Registered Medical Practitioner as reference (*if applicable*)

10. False Information

I understand that, in case false information is submitted, any scholarship that may have been granted will be cancelled forthwith and amount disbursed should be refunded within one(1) month of the date of the notification.

Moreover, any false information and/or false documents provided, may lead to disciplinary action to be taken by the University against me. I may also be liable for prosecution.

11. Declaration

I declare that, to the best of my knowledge and belief, the particulars given on this Form are true and correct and that no information which might affect the decision of the University of Mauritius Scholarship Scheme for Disabled Students Committee has been withheld.

I hereby agree to abide by the conditions attached to the Scholarship offered by the University of Mauritius.

Signature:	
Name:	
Date:	

12. For Office Use only:

Submitted on:	Documents verified by:	
Signature:	Date:	Seal