

MWANZO MWEMA

Student Application 2011



Please complete this form in English in block capitals

APPLICANT INFORMATION			
Surname	First Name	Initial	DOB
Street Address			
Town/City			
Phone No	E-mail Address		
Nationality			
Disability			
*Please attach a statement of disability signed by a professional person, as well as any other supporting information.			

EDUCATION			
Secondary Education	Name of Institution		
Dates: From To	Qualifications		
Primary Education	Name of Institution		
Dates: From To	Qualifications (if applicable)		
Past sponsorship	Name and nationality		
Dates: From To	Description of sponsorship		
Current Sponsor if applicable	Name and nationality		
Dates: From To	Description of sponsorship		

PROSPECTIVE COURSE	
Name of course	
Institution	Email
Address	Phone No ()
Objective of course	
Course length	
Expected total cost of course	
Cost breakdown Year 1	
Term 1	Term 2
Term 3	Exam fees
Total for Year 1	

Cost breakdown Year 2 (If applicable)	
Term 1	Term 2
Term 3	Exam fees
Total for Year 2	

Any other costs

PERSONAL STATEMENT

Please write a Personal Statement and attach it to this application.

Please demonstrate:

- That serious consideration has gone into course selection and that you have clear objectives and a vision for taking the course. (maximum 500 words)
- That without funding from Mwanzo Mwema you would not be able to fund this course (maximum 200 words)
- How you will contribute a 'pay back' of skills or knowledge on completing this course. 'Pay back' involves volunteering your time to support others in your community, using the skills or knowledge you will acquire through Mwanzo Mwema's support (maximum 200 words)

REFERENCES

Name	Job Title
Company/school	Email
Address	
May we contact this person for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Name	Job Title
Company/school	Email
Address	
May we contact this person for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in termination of support.

Signature

Date

CHECKLIST OF ATTACHMENTS

Please ensure you attach the following documents to this form:

- Statement of disability
- Personal Statement
- Any other supporting information