

MUTUAL AID FOUNDATION

Mutual Aid Foundation Scholarships Scheme for Degree Courses

APPLICATION FORM

1. **SURNAME OF STUDENT** (in block letters): Mr/Mrs/Miss

.....

2. **Other name:**

3. **Date of Birth:**.../.../..... **NID No:**

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4. **Address:**

.....

5. **Phone No.**

Mobile 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 the University of Mauritius / Open University of Mauritius / University of Technology / University of Mascareignes and Mahatma Gandhi Institute**

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8. **Student Identity No.**

9. **Academic year:**

10. **Duration of studies:**

11. **Parents Income (Monthly)* :**

SN	INCOMES	FATHER-RS	MOTHER-RS	TOTAL-RS
1	Salary			
2	Basic Pension(old age/widows/invalidity, etc)			
3	Contributory Pension/Pension from past employment, etc			
4	Other Incomes (including interest from financial institutions)			
	TOTAL			

(Please insert NIL where not applicable)

Name and occupation of father:.....

Name and occupation of mother:.....

*** To attach documentary evidences**

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

NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	EDUCATIONAL INSTITUTION ATTENDING	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 above institutions 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.

APPLICANT		RESPONSIBLE PARTY	
Name:		Name:	
NID:		NID:	
Mobile No.	Phone No.	Mobile No.	Phone No.
Email :		Email :	
Address:		Address:	
Signature:		Signature:	
Date:		Date:	