## **MUTUAL AID FOUNDATION**

## Mutual Aid Foundation Scholarships Scheme APPLICATION FORM

| <b>SURNAME</b> (in block letter  |  |         |                              |                |        |        |          |      |       |               |             |
|--|--|---------|------------------------------|----------------|--------|--------|----------|------|-------|---------------|-------------|
| Other name:  |  |         |                              |                |        |        |          |      |       |               |             |
| Date of Birth://   | NID No:  |         |                              |                |        |        |          |      |       |               |             |
| Address:   |  |         |                              |                |        |        |          |      |       |               |             |
|  |  |         |                              |                |        |        |          |      |       |               |             |
| Phone No   |  |         |                              |                |        |        |          |      |       |               |             |
| Mobile No  |  |         |                              |                |        |        |          |      |       |               |             |
|  |  |         |                              |                |        |        |          |      |       |               | -           |
| Email address:   |  |         |                              |                |        |        |          | •••• |       |               |             |
| Higher School Certificate  | e / A-Level F  | Resul   | ts:                          |                |        |        |          |      |       |               |             |
|  | BJECT  |         | SUBJECTS<br>Subsidiary Level |                |        |        | SUBJECTS |      |       |               |             |
| Principal Level G  | rade   |         | al Pap                       |                | el     |        | Grade    |      |       |               |             |
|  |  |         | •                            |                |        |        |          |      |       |               |             |
|  |  |         |                              |                |        |        |          |      |       |               |             |
|  |  |         |                              |                |        |        |          |      |       |               |             |
|  |  |         |                              |                |        |        |          |      |       |               |             |
| Degree Course to which  Student Identity No  |  |         |                              |                |        |        |          |      |       |               |             |
| Student Identity No  |  |         |                              |                |        |        |          |      |       |               |             |
| Student Identity No  |  |         |                              |                |        |        |          |      |       |               |             |
| Student Identity No  |  |         |                              |                |        |        |          |      |       |               | •••         |
| Student Identity No Academic year:  Duration of studies:   |  |         |                              |                | PATION | / SOUF |          | •••• | M     |               | łLY         |
| Student Identity No Academic year: Duration of studies: Parents Income:  |  |         |                              |                |        | / SOUF |          | •••• | M     |               | łLY         |
| Student Identity No Academic year: Duration of studies: Parents Income:  |  |         |                              |                | PATION | / SOUF |          | •••• | M     |               | łLY         |
| Student Identity No  Academic year:  Duration of studies:  Parents Income :  STATUS  Mother  |  |         |                              |                | PATION | / SOUF |          | •••• | M     |               | НLY         |
| Student Identity No  Academic year:  Duration of studies:  Parents Income:  STATUS  Mother  Father  TOTAL                                  |  |         |                              | OCCUF          | PATION | / SOUF |          | •••• | M     |               | НLY         |
| Student Identity No  Academic year:  Duration of studies:  Parents Income:  STATUS  Mother  Father  TOTAL  (Plea                           | NAME<br>use insert NIL wh                              | ere noi | applica                      | occur<br>able) | PATION | / SOUF | RCE OI   | F    | IN IN | IONTI<br>COMI | HLY<br>E-R  |
| Student Identity No  Academic year:  Duration of studies:  Parents Income:  STATUS  Mother Father TOTAL  (Plea)  Details of other children | NAME<br>use insert NIL wh                              | ere noi | applica                      | occur<br>able) | PATION | / SOUF | RCE OI   | F    | IN IN | IONTI<br>COMI | HLY<br>E-R  |
| Student Identity No  Academic year:  Duration of studies:  Parents Income:  STATUS  Mother  Father  TOTAL  (Plea                           | NAME  Ise insert NIL which in your Fare SHIP TO DATE O | ere not | application                  | occur<br>able) | PATION | r sour | RCE OI   | F    | N IN  | IONTI<br>COMI | ily<br>E-R: |

(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:/   |

LR/S/05.08.14