

MUTUAL AID FOUNDATION
Mutual Aid Foundation Scholarships Scheme
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. **Educational details:**

| SN | YEAR | COURSE | STATUS (PASSED/FAILED) |
|----|------|--------|---------------------------|
| | | | |
| | | | |
| | | | |

7. **Course to which admitted at Mauritius Institute of Training and Development (MITD)**

.....

8. **Training centre**.....

9. **Student Identity No.**

10. **Academic year:**

11. **Duration of studies:**

12. **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**

13. 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 |
|------|---------------------------|---------------|-----------------------------------|------------------------|
| | | | | |
| | | | | |
| | | | | |
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(Please insert NIL where not applicable)

14. **MITD fees** (including tuition and general fees) per annum:
Rs.....

15. 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 course and to inform the Mutual Aid Foundation if I obtain another scholarship/grant or decide to withdraw from the course;
- (iv) I authorize the MITD to reveal my examination 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: | |