

# 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:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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.....**

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) |           |           |          |
|    | <b>TOTAL</b>   |           |           |          |

*(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:             |           |