



SCHOLARSHIP APPLICATION FORM

Fill in your details in **BLOCK CAPITALS** only.

FILE No.:	DATE:
FIRST NAME:	LAST NAME:
DATE OF BIRTH:	
EMAIL:	PHONE No.:
PASSPORT No.:	EXPIRY DATE:
ADMINISTRATION A	JSINESS DMINISTRATION ADULT NURSING CRUISE SHIP HOSPITALITY OPERATIONS
SEMESTER: FALL SPRING	YEAR:
	uld provide the Head Registrar with the Progress Report of the last two r supporting documents. All academic scholarships can be used for abined with other tuition fee offers.
FOR OFFICIAL USE ONLY	
APPROVED BY THE DIRECTOR OF ACADEMIC	C STUDIES YES NO
SIGNATURE	DATE

APPROVED BY THE HEAD REGISTRAR	YES	NO
SIGNATURE		DATE
COMMENTS:		