APPLICATION FORM FOR SCHOLARSHIPS TO CHILDREN FROM VULNERABLE FAMILIES

The completed application form must be submitted to the Scholarships Section (SRM) of the Ministry of Education, Tertiary Education, Science and Technology, 1st Floor, MITD House, Pont Fer, Phoenix. This application form must be accompanied by certified photocopies of the following documents:

1. Copy of Birth certificate of applicant.
4. Evidence of enrolment of offer of a seat in an accredited and on campus academic undergraduate full-time programme of not less than the equivalent of one academic/full year of study at a recognised local university/training institution duly registered with the Higher Education Commission including details of enrolment fees, tuition fees and any other associated costs.

OR

5. Evidence of enrolment of offer of a seat in an accredited full time professional programme of not less than one full year of study at a recognised local training institution duly registered with the Higher Education Commission including details of enrolment fees, tuition fees and any other associated costs.

OR

6. Evidence of enrolment or offer of a seat for an accredited full-time National Diploma/ Higher National Diploma course in a local training institution, duly registered with the Mauritius Qualifications Authority, including details of enrolment fees, tuition fees and any associated costs.

OR

7. Evidence of enrolment in a programme offered at Diploma level by Polytechnics Mauritius Limited.
8. Evidence of any Scholarship/Sponsorship being received/to be granted for course applied for (if applicable).

Note: In the absence of certified photocopies applicants should bring along their originals to enable this Ministry to certify copies of documents.

Original documents will be returned to applicant after photocopies have been certified.

IMPORTANT: Incomplete, inaccurate, inadequate filling of the form or non-submission of documents requested for may lead to disqualification.

Surname of Applicant (in block letters)

Other Names (in block letters)

Maiden Name (if applicable) (in block letters)
2. Gender: Male ☐ Female ☐

3. Marital Status: Single ☐ Married ☐ Others (specify): ………………….

4. Date of Birth: .............................................................. 5. Age: …………….years
(by closing date of application)

6. National ID Number: ..............................................................

7. Country of birth: ……………………………………………………………

8. Nationality: Mauritian ☐ Other ☐ (please specify) ………………………...

If naturalised (certificate of naturalisation to be annexed) Date of Naturalisation: ………………………..

9. Place of Permanent Residence: Mauritius ☐ Rodrigues ☐ Outer Islands ☐

10. Residential Address in Mauritius: ……………………………………………………………………………………………………………………………

11. Residential Address: …………………………………………………………………………………………………………………………………………………

in Rodrigues/Outer Islands (if applicable) ……………………………………………………………………………………………………………………………

12. Telephone No: Residence: ……………………………………… Mobile Phone No: ………………………………

Email Address: …………………………………………………………………………………

13. Present Occupation of applicant: Student/Unemployed/Employed/(Other Specify) ……………………………………………………………

14. Name of Father: ………………………………………………………… Phone No: ………………………………………

Name of Mother: ………………………………………………………… Phone No: ………………………………………

Name of Guardian (if applicable): ……………………………………… Phone No: ………………………………………

15. Educational Records:

Cambridge School Certificate/G.C.E ‘O’ Level Results

Year: …………… Examination Centre No: …………… Index No: ……………

School: …………………………………………………………………………………………………………………………………………………
Cambridge Higher School Certificate Results

Year : .................. Examination Centre No : .................. Index No : .........................
School : ..........................................................................................................................

<table>
<thead>
<tr>
<th>Subjects</th>
<th>Subject Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Advanced Level</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Advanced Subsidiary Level</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** for Technical and Vocational Education and Training (TVET) Courses:

(i) Proof of having been admitted/offered a seat to a duly accredited **full-time** National Diploma/Higher National Diploma in a **local** training institution duly registered with the Mauritius Qualifications Authority/Higher Education Commission.

OR

(ii) Proof of enrolment or having been offered a seat for studies at diploma level in an institution under the aegis of Polytechnics Mauritius Limited.

**16. Details of Course enrolled for:**

Institution: ..................................................................................................................

Name of Course: ..........................................................................................................

Duration(Years): .................... Mode ( Full time/Part Time/DL/others) ......................

Expected Start Date: .................... Expected Completion Date: ....................

Indicative Costs (Rs)* per academic year: .............................................................

*(Costs should include Tuition fees, General fees, Registration fees)*

**Note:** The amount of the Scholarship will be subject to a **maximum of Rs 100,000 per annum** for students from Mauritius and **Rs 150,000 per annum** for students from Rodrigues and Outer Islands.)
17. Other Scholarship/Sponsorship/Financial Assistance

Are you benefitting from any other Scholarship/Sponsorship/Financial Assistance for the course/s for which application for scholarship is hereby being made?

(Please tick as appropriate) Yes .... No ..... If “Yes” please provide the following details as appropriate:

(i) Amount of Scholarship/Sponsorship/Financial Assistance received: Rs ............ per annum.

(ii) Name of Organisation/Institution providing the Scholarship/Sponsorship/Financial Assistance

........................................................................................................................................................................

(iii) Contact person from the organisation/Institution at (i) above:

Name : .............................................. Phone No : ..........................

Address  .........................................................................................................................................................

18. False Information

I understand that, in case false information is submitted, any scholarship that may have been granted will be cancelled forthwith and amount disbursed should be refunded within 3 months of the date of notification. I may also be liable for prosecution.

19. Declaration

I declare that, to the best of my knowledge and belief, the particulars given on this form are true and correct and that no information which might affect the decision of the Ministry of Education, Tertiary Education, Science and Technology has been withheld. I hereby agree to abide by the conditions attached to the Scholarship offered by the Ministry of Education, Tertiary Education, and Science and Technology.

Signature: .............................................................................................................

Name : ...................................................................................................................

Date: .....................................................................................................................
20. **For Office use only:**

Submitted on: .................. Originals Verified by: ............................................

Signature: ......................................................... Date: ........................................

Application Accepted ☐

Application Rejected ☐

Remarks (if any): ..............................................................................................................

Signature: ......................................................... Date: .................................