

KULIKA CHARITABLE TRUST
DETAILED SCHOLARSHIP INFORMATION FORM 2008/2009



INDEX No.

- 1. NAME:
 - (a) SURNAME.....
 - (b) OTHER NAMES
- 2. ADDRESSES:
 - (a) Current Address and Telephone:
 -
 - (b) Permanent Address and Telephone/Fax:
 -
- 3. DISTRICT OF ORIGIN.....
- 4. NATIONALITY:
- 5. RESIDENCE:
- 6. (a) AGE: SEX:
- (b) DATE/PLACE OF BIRTH:/
- (c) STATUS: MARRIED.....SINGLE.....WIDOWED.....
- (d) SPOUSE NAME AGE
- EMPLOYER: JOB TITLE

(e) Number of biological Children and their Ages:

	Name	Age	Standard of Education	Name of Institution or University
i)				
ii)				
iii)				
iv)				
v)				

(f) Other Dependants in Schools, Colleges or Universities.

	Name	Age	Standard of Education	Name of Institution or University
i)				
ii)				
iii)				
iv)				
v)				

7. State causes of financial hardships forcing you to seek a scholarship.

- (ii)
- (ii)
- (iii)
- (iv)

8. Where else have you applied, name and address?

.....

Have you been shortlisted or offered a scholarship

.....

9. Schools, Colleges or Universities attended:

School, College or Institutions	From (year)	To (year)

10. Certificates, Diplomas, Degrees, Professional Qualifications Obtained:

Certificate, Diploma, Degree Qualifications	Institution where obtained	Grade or Class (if applicable)	Date obtained

11. Employment Record:

(Block other earlier years last and summarize what done within block)

Name of Employer	Title Held	From	To

12. Current Responsibilities:

Describe in a few words your present responsibilities:

.....

13. Intended Course:

Name of Institution	Course of Study and Qualification	Duration

14. State the institution you have applied/been admitted to.....

.....

15. Which year of study are you in (If on course)

16. Referees e.g. Teachers, Academicians, Employer, Leader of status/repute

..... (must not be relatives)

Name	Position	Address, Phone, Fax

17. Information on Kulika: How did you know about Kulika?

.....

18. Have you applied to KULIKA before? YES/NO (If yes state year of application and index number)

.....

19. Give a short financial background of yourself and spouse.

Monthly Basic Salary :

Monthly Allowances :

Other Sources Monthly :

20. Brothers and Sisters: (if lines are not enough, use the back of page 4)

a)	Name	Age	Standard of Education	Name of Institution or University	Occupation	Employer
i)						
ii)						
iii)						
iv)						
v)						

21. Arrangements Proposed for Care and Maintenance of Spouse and Children during the Course of study:

a) Spouse:.....

.....

b) Children:

.....

.....

22. Information on Parents:

a) Father's Name:

Address:

b) Occupation:

Annual Job Income:..... Annual Business Income.....

23. a) Mother's Name:.....

Address:.....

b) Occupation:

Annual Job Income:.....Annual Business Income:

24. Property Information (personal or for a personal company)

a) Land, houses, projects of self/spouse:

Location	Acreage	Investment Type	Occupants
i) _____	_____	_____	_____
ii) _____	_____	_____	_____
iii) _____	_____	_____	_____

b) Parents:

iv) _____	_____	_____	_____
v) _____	_____	_____	_____
vi) _____	_____	_____	_____

c) Vehicles/farms/shops or projects:

		Cars	Buses	Lorries	Farms
Self/Spouse	i)	_____	_____	_____	_____
	ii)	_____	_____	_____	_____
	iii)	_____	_____	_____	_____
Parents	iv)	_____	_____	_____	_____
	v)	_____	_____	_____	_____
	vi)	_____	_____	_____	_____

25. **DECLARATION:**

I hereby declare that the information I have given you is true. I acknowledge that any false statements will result in an immediate withdrawal of any grant or sponsorship provided by the Kulika Charitable Trust and may also result in my having to repay to the Kulika Trust any sums paid to me directly or on my behalf to third parties.
I also acknowledge that failure to repay may result in legal action being taken against me.

Signature:

Date:

WITNESS:

Name:

Signature:

Date:

Address:

.....

All information contained in this application will be kept strictly confidential by the Kulika Charitable Trust.