

Scholarship



APPLICATION FORM

1. PERSONAL DETAILS (As they appear on your passport where applicable)

Family name		Title (Mr, Mrs, other)	
First name		Preferred name	
Other names		Previous name (if changed)	
If your academic records are submitted in another name, please provide certified evidence of change of name.			
Date of birth (dd/mm/yyyy)	dd / mm / yyyy	Gender	Male Female
Province ;		Passport number	
District Division:	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		

2. CONTACT DETAILS (All applicants must complete this section in full)

Permanent home address		Current mailing address	
Email address 1		Email address 2	
Telephone numbers (incl. international area code)	Home	Work	
	Mobile/cell	Other	

3. FAMILY DETAILS (As they appear on your passport where applicable)

Father name		If employed: Work Place Details:	Monthly Income:
Mother name		If employed: Work Place Details:	(Should Certified By Divisional Secretary)
No of Siblings & Their Details		If employed: Work Place Details:	

4. PROGRAM: Advanced Diploma / Undergraduate/ Postgraduate Please indicate your study preferences below

Course Name	Campus	Start Date
1.		
2.		
3.		

3. STUDENT EDUCATION HISTORY

Please list all studies you have undertaken including high school, preparation/bridging courses, university or college, as well as studies undertaken at ACU:

Course	Institution	Date Commenced	Date Completed

Please submit transcripts and certificates for all prior studies, along with a certified translation if the original documents are not in English. If you have been awarded professional qualifications (e.g. hospital training), please provide evidence of completion.

4. STUDENT EMPLOYMENT HISTORY

Type of Work	Employer	Date Commenced	Date Completed	FT/PT

Please submit a copy of your résumé and work certificates or statements of employment for all work experience listed, along with a certified translation if the original documents are not in English.

Office 5. OFFICE USE ONLY;

Type of Scholarship:		
<ul style="list-style-type: none"> • Academic • Sports • Leadership • Financial Support & Differently abled 		
100% - <input type="checkbox"/>		
75% - <input type="checkbox"/>		
50%- <input type="checkbox"/>		
25%- <input type="checkbox"/>		

Approval :-

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13. HOW DID YOU FIRST HEAR ABOUT AIMS?

Education Agent

Friends or relative

Internet

Other – please specify: _____

14. WHAT IS THE MAIN REASON YOU DECIDED TO STUDY AT AIMS?

AIMS has the best reputation for my course

Other – please specify: _____

AIMS has affordable tuition fees.

I know someone who studies at AIMS already.

<p>Applicant's Signature</p>	<p><i>Applications that are not signed will not be processed. Applications MUST be signed by the applicant personally. Third parties and/or agents must not sign on behalf of the applicant.</i></p>	<p>Date</p>	<p>dd / mm / yyyy</p>
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