

FNU GRADUATE SCHOLARSHIP APPLICATION FORM

PERSONAL DETAILS

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms Other

First Name

Surname

Other Names

Date of Birth

Place of Birth: [DD/MM/YYYY]

Gender: ☐ Male ☐ Female

Country of Citizenship

Phone Contact

Email Address

Residential Address

PROGRAMME DETAILS

Current/Proposed

PROGRAMME OF STUDY: ☐ PhD / ☐ Masters by Research

(Note: Scholarship will be offered for full-time study mode only)

RESEARCH INTEREST:

☐ ENROLLED – Start Date: / Completion Date:
((DD/MM/YYYY)) ((DD/MM/YYYY))

ENROLMENT

STATUS: ☐ PENDING – Start Date: / Completion Date:
((DD/MM/YYYY)) ((DD/MM/YYYY))

REQUESTED SCHOLARSHIP TENURE: ☐ 1 year / ☐ 2 years / ☐ 3 years

(Shorter period than 3 years will be applicable depending on the duration of the PhD/Masters by Research enrolment prior to this application)

Previous Qualifications

	Qualification Name	Institution	Majors	Duration	GPA / Grade
Bachelor degrees	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
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Master Degrees	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
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Other Qualifications	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
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OTHER SCHOLARSHIP FUNDING

Do you currently hold another scholarship ☐ YES / ☐ NO. If yes, please provide brief information and attach supporting documentation.

BREIF RESEARCH INTENT

Please include a brief research intent below. Also, complete the research intent form and attach it to the scholarship form.

Have you contacted any supervisors at FNU? ☐ No ☐ Yes

If yes, complete the following:

i) Name of principal supervisor	<input style="width: 100%;" type="text"/>	College	<input style="width: 100%;" type="text"/>
ii) Name of secondary supervisor	<input style="width: 100%;" type="text"/>	College	<input style="width: 100%;" type="text"/>

CHECKLIST OF APPLICATION REQUIREMENTS

This sheet must be completed and returned with the application.

I have provided:

- | | | |
|--|------------------------------|-----------------------------|
| • Evidence of residency status (birth certificate/passport) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Tax Identification Number (TIN) Letter/Card | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Academic Certificate and Transcripts (certified true copies) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Research Intent Form | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Curriculum Vitae | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Signature of Applicant

Date