



SHEAMA Scholarship Awards Application Form

Photo of student

This scholarship is applicable ONLY to students applying for SHEAMA supported ODeL short courses. Application for SHEAMA scholarships is free- Please contact the Scholarship and Grants Associate on [+265884929849](tel:+265884929849) for more inquiries

Eligibility:

- A. Applicant must be Malawian, female/male
- B. Applicant must be able to demonstrate an inability to pay tuition/fees
- C. Applicant must be selected from a CDSS and live in a rural area
- D. Applicant must belong to a vulnerable/disadvantaged group

A. GENERAL INFORMATION

STUDENT INFORMATION

Applicant's First Name _____ Last Name _____

Date of Birth _____ Place of Birth _____

Nationality _____ Sex _____

Telephone _____ Email _____

Which Vulnerable/Disadvantaged group do you belong to? Disability
 Orphan
 Adolescent Girls and Young Women
 None of the above

Traditional Authority of Origin _____ District _____

Village _____ Phone No (Village Head) _____



PARENT/LEGAL GUARDIAN INFORMATION

Name of parent(s) or legal guardian(s) _____

District of Origin _____ Village _____

Traditional Authority of Origin _____

Guardian/Parent's contact address & phone number _____

Father's/Guardian's Profession _____ Monthly Income _____ (MKW)

Father's/Guardian's Highest Level of Education _____

Mother's/Guardian's Profession _____ Monthly Income _____ (MKW)

Mother's/Guardian's Highest Level of Education _____

B. EDUCATION INFORMATION

School/Institution _____ Address _____

Mode of Training _____ (Face to Face, ODL, Short course)

Program of Study _____ (Degree, Diploma, Certificate)

Expected Graduation date _____ (mm/dd/yy)

Cost of tuition per academic year _____ (MKW)

Schools Previously Attended:

| Name of School | Date Attended | Qualification |
|----------------|---------------|---------------|
| _____ | _____ | _____ |

Name of Head Teacher for school Recently Attended _____

Contact Address _____

_____ Telephone _____

Scholarships offered before _____ (Please indicate "NO" if none)

C. APPLICATION STATEMENT

The information provided in my application is, to the best of my knowledge, complete and accurate, and I understand that false statements on this application will disqualify me from the scholarship.

I, _____, give permission for any University/college or school to release to SHEAMA Scholarship Project any information necessary to process my application.

Applicant's Signature _____ (Date) _____