



LILONGWE UNIVERSITY OF AGRICULTURE AND NATURAL RESOURCES

APPLICATION FORM FOR CABMACC SCHOLARSHIP (UNDERGRADUATE LUANAR FEMALE STUDENTS)

Note: This form must be filled by female students at Bunda Campus who just finished 2015/16 (year 1) only

Application form

a. Name of Applicant	<input type="text"/>											
b. Programme of Study	<input type="text"/>											
c. Level of study	<input type="text" value="BSc"/>											
d. Faculty	<input type="text"/>											
e. Department	<input type="text"/>											
f. Entry pathway	<input type="text" value="Normal"/>											
g. Age	<input type="text"/>											
h. GPA in previous academic year (to be filled by Registrar)	<input type="text"/>											
i. Do you have biological parents? (Please tick as appropriate)	<table border="1"><tr><td>1 = Have both mother and father;</td><td>2 = Have only Father</td></tr><tr><td>3 = Have only mother;</td><td>4 = Have none</td><td>5 = Other</td></tr><tr><td colspan="3">..</td></tr><tr><td colspan="3">.....</td></tr></table>	1 = Have both mother and father;	2 = Have only Father	3 = Have only mother;	4 = Have none	5 = Other		
1 = Have both mother and father;	2 = Have only Father											
3 = Have only mother;	4 = Have none	5 = Other										
..												
.....												
j. Name and contact details of current sponsor including mobile number or email	<input type="text"/>											
k. Relation with current sponsor	<input type="text"/>											
l. Gender of the current Sponsor: 1 = Male, 2 = Female												

m. Describe the current status of the current sponsor (Please tick as appropriate)	1 = On salaried employment 2 = Business Person 3 = Pensioner 4 = Subsistence farmer 5 = casual labourer 6 = Been out of job for the past 12 months or more 7 = Other please specify.....
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n. Name of secondary school before being selected to LUANAR (if applicable)

o. Sponsor at secondary school

p. How many installments did you pay in during 2015/16 academic year? (To be validated by Finance)

q. Reasons for seeking scholarship (maximum 200 words)

I certify that the information provided above is true and that the University is free to verify the details with relevant third parties.

Contact Details: Email: _____ Mobile Phone: _____

Signature: _____ **Date:** _____