



SHIMABALA TRAINING INSTITUTE

APPLICATION FOR BURSARY FORM

PART A: PERSONAL DETAILS OF APPLICANT

Male/Female

Surname: Other Names:
 Date of birth:...../...../..... NRC/Passport No.: Nationality.....
 Residential Address:
 Postal address:
 Email: Tel:

PART B: PERSONAL DETAILS OF PARENTS/GUARDIANS

Surname of Parent: Other Names:

Age:

Male/Female

 Tick

Physical Disability (if any):
 Date of birth:...../...../..... NRC/Passport No.: Nationality.....
 Residential Address:
 Postal address:
 Surname of Second Parent/guardian: Other Names:
 Email: Tel:

Category (Please TICK the bursary type e.g. 20% ✓)														
1	10%		2	20%		3	35%		4	50%		5	75%	

PART C: Give details why you need bursary (Write behind if this space is not enough)

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PART D: DECLARATION BY APPLICANT

I declare that the information provided, to the best of my knowledge is true and I promise to abide by institution rules if offered a bursary.

Signed: _____ Date: _____

PART C: FOR OFFICIAL USE ONLY

Student suitable/Not Suitable (Tick) for %

Name of Approving Officer: _____ Signature: _____ Date: _____