

SCHOLARSHIP APPLICATION FORM

Personal Details

Surname or Family Name

First Name

Date of Birth

Day

Month

Year

Male

Female

City, Country of Birth

Nationality

Correspondence Address

Permanent Address

Country

Province

Zip Code

Country

Province

Zip Code

Landline Number:

E-mail Address:

Mobile Number:

Roots ID (if Available)

Admission Details

Please list each programme you have applied for study at Roots IVY International College

Programme 1

Programme 2

Semester Joining (tick one box only and insert the appropriate year)

January/February 20_____

Aug/Sept 20_____

Scholarship Category

Merit Scholarship

Needs Scholarship

Sports Scholarship

Sibling Scholarship

Previous Academic Record

High School

Year(s)	Qualification	Achievement	School

Undergraduate

Year(s)	Qualification	Achievement	College / University

Document Submitted

(please fill in according to the category of Scholarship applied)

Personal Statement

Academic Record

Declaration

I certify that the personal statement & documents submitted are true to the best of my knowledge. I am also willing to provide any further supporting documents to strengthen my case, and I will honour the final decision taken by competent authority.

I understand that making a false declaration is a form of malpractice.

Applicant's Signature _____

Day

Month

Year

OFFICIAL USE

Decision Rationale:

Award %

0-100%

Date Received:

Date Closed:

Signing Authority (Name & Signature)