



AVU SCHOLARSHIP APPLICATION FORM

Program/Course: _CERTIFICATE IN NETWORK ADMINISTRATION

Personal Information

Surname: _____

Other names: _____

Female

Male

Date of birth (day/month/year): _____

Student's Registration Number: _____ *(AVU will provide)*

Nationality: _____

Permanent Address: _____ Town: _____ Country: _____

Country Code: _____ Telephone: _____

Email address: _____

Photo

Education

Qualification Obtained <i>(Provide the full name of the qualification)</i>	Year

Institution

Partner Institution: _____

Town: _____ Country: _____

Total amount of scholarship requested in US dollars: _____

(Please note that the amount will be paid to the Institution/University and not to Individual students)

Check this box to acknowledge that the Scholarship will be remitted to your Institution and not to Individual students.

