

FOUNDATION FOR SUNSHADE REASSUARANCE

FORSURE



SCHOLARSHIP DETAILS FORM

MAWASILIANO;0769248474 ,0769745145
,0769746818

(Fill in the details bellow in block letters)

1. FULL NAMES (IN THE ODER BELLOW :)

SURNAME

MIDLE NAME

LAST NAME

2. COUNTRY OF CHOICE (WHERE YOU WILL BE LEARNING TICK WHERE APPLICABLE)

- (a) Canada
- (b) Australia
- (c) United states of America
- (d) South Africa
- (e) Tanzania

3. LATEST QUALIFICATION LEVEL FROM HIGH SCHOOL (TICK WHERE APPLICABLE)

(A) DIVISION 1 (POINTS).....

Letter from the beneficiary declaring good character once
given this chance

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(B) DIVISION 2 (POINTS).....

(C) OTHERS EXPLAIN.....

4. NAME OF PARENT OR GURDIAN

.....**FATHER**

.....**MOTHER**

.....**GURDIAN**

PHONE CONTACTS OF PARENTS OR GURDIAN: (START WITH +255)

1.....

2.....

3.....

5. SCHOOL OF COMPLETION (WHERE YOU DID YOUR NATIONAL HIGH SCH EXAM SECONDARY)

.....

6. LEVEL OF APPLICATION (TICK WHERE APPLICABLE)

7. (A)ARTISAN

(B)CERTIFICATE

(C)DIPLOMA

(D) DEGREE

(B) MASTERS

(D) PHD

(E) SECONDARY

8. RELIGION

9. ANY HEALTH PROBLEM? YES, NO IF YES EXPLAIN

.....

10. DO YOU HAVE ANY OTHER INDIVIDUALS YOU PREFER TO BENEFIT WITH THIS PROGRAM?

1.....

2.....

3.....

4.....

5.....

DATE.....

STUDENT SIGNATURE.....

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