



Attach your
passport sized
photo here

ZCAS UNIVERSITY SCHOLARSHIP APPLICATION FORM

INSTRUCTION

This form should be completed and submitted to ZCAS University, Stand No 5309 Dedan Kimathi Road, P.O. Box 50497 RW, Lusaka, together with copies of certificates, transcripts of results and other documents relevant to your application.

Email: info@zcasu.edu.zm

Website: www.zcasu.edu.zm

Student Number:

Programme Name:

Mode of Study: Full Time ☐ Part Time/Evening ☐ Distance Education ☐

SECTION A

PERSONAL DATA

1. **Surname (Mr./Ms./Dr):**

2. **First Name/Middle Names:**

3. **Postal Address:**.....

4. **E-mail address:**.....

5. **Phone Number (Business):**..... **Tel: No**.....

6. **Nationality:**.....**Sex: Male/Female:**.....

7. **N R C /Passport No:**.....

8. **Place of Birth:**.....**Date of Birth:**.....

9. Name of Parent, Guardian or Next of Kin:.....

10. Contact of Parent, Guardian or Next of Kin:.....

SECTION B

11. EDUCATION

ACADEMIC OR PROFESSIONAL QUALIFICATIONS

State the Qualification/ Grades to base the scholarship application on:

Institution	Qualification/ Grades	Year Obtained

SECTION C

12. Supporting statement

Give a brief statement explaining why you should be awarded the scholarship

--

13. SPONSOR'S DETAILS

Name of Sponsor(s):.....

Postal Address:.....

Phone Number:.....

Email Address.....

14 . How did you know about ZCAS University Scholarship?

- | | |
|--|--|
| <input type="radio"/> Radio | <input type="radio"/> Career Service/Fair |
| <input type="radio"/> Friend/Relative | <input type="radio"/> Employer |
| <input type="radio"/> Television | <input type="radio"/> School visitation |
| <input type="radio"/> Billboard | <input type="radio"/> Newspaper |
| <input type="radio"/> ZCAS U website | <input type="radio"/> Corporate visit |
| <input type="radio"/> Facebook | <input type="radio"/> ZCAS U Student |
| <input type="radio"/> Google | <input type="radio"/> LinkedIn |

15. DECLARATION(S) TO BE SIGNED BY THE APPLICANT

I understand that my eligibility for the scholarship will be based solely on official documents submitted to ZCAS University.

I declare that the information I have given on this form is correct.

I understand that any false or misleading statement in this form could lead to disciplinary action being taken against me and/or may invalidate any decision reached on this application.

Signature of Applicant **Date.....**

16. OFFICE USE ONLY**17. ATTACH COPIES OF THE FOLLOWING DOCUMENTS**

- NRC (Zambian Only)
- Passport and Study permit (Non-Zambian)
- School Results/Certificate
- Any relevant Qualification to support the application