# Gideon Robert University

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# SCHOLARSHIP FORM

## 1. PERSONAL DETAILS

Mr. ☐ Mrs. ☐ Miss. ☐ Ms. ☐ Dr. Male ☐ Female ☐

Given Names_____What is your preferred Name _____

Family Name_____
Do you want your family name to appear first on all official GRU documents e.g. Transcript/ Parchments? Yes ☐ No ☐

Date of Birth ____/_____/_____ (day/ month/ year; e.g. 18/ December/ 1985)

Citizenship/ Nationality _____ Country of birth _____

Have you studied GRU before? Yes☐ No☐ if yes, provide student ID_____
Do you have a disability or long-term illness? Yes☐ No☐ if yes, please provide details_____
Do you require disability support services? Yes☐ No☐

## 2. ADDRESS DETAILS

Physical Address

Plot No. and Street _____

Area/ City _____

State/ Country _____ Zip/ Postcode _____ Mobile No._____

Telephone _____Fax _____ Email _____

My mailing address is different from my home address

Address_____

Area/ City
_____

State/ Country _____ Box No. _____Mobile No. _____

Telephone _____ Fax _____ Email _____

Please Advise Gideon Robert University if you change your Address during the year.

## 3. PROGRAM PREFERENCES *(please list your program preferences in order of priority)*

| Program Name | Program Code | Specialization (if applicable) |
|---|---|---|
| 1._____ | _____ | (_____) |
| 2. _____ | _____ | (_____) |
| 3. _____ | _____ | (_____) |

*your first preferences will be processed first. Second and third preferences will be processed only if your first choice is unsuccessful.

☐ Full-time ☐ Part-time ☐ Distance Learning (DL)

## 4. SCHOLARSHIP DETAILS: 50 PERCENT

Please indicate your source of financial support and for invoice purposes please attach information of person or bursary……
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## 5. DECLARATION

I declare that to the best of my knowledge, the information provide by me is true and complete in every particular. I acknowledge that the Gideon Robert University may vary or reverse any Decision regarding admission or enrolment made on the basis of incorrect or incomplete Information provided by me. I authorize Gideon Robert University to make enquiries about the detail associated with this application. I understand the above conditions and am prepared to accept them in full. in particular, I understand that I, or my sponsor, will be responsible for the full cost of programs for which I am seeking admission.

**Official stamp**

Signature _____ Date ____/ ____/ ____