**APPLICATION FOR MAURITIUS-AFRICA SCHOLARSHIP SCHEME FOR SOUTH AFRICANS**

Applications for South African citizens to study in Mauritius on the Mauritius-Africa Scholarship must be submitted by sending this formby email tointernationalscholarships@dhet.gov.zaby **01 May 2017**.

Incomplete or late applications will not be considered.

**Personal particulars:**

*Complete name exactly as is printed in your passport*

|  |  |
| --- | --- |
| **Surname** |  |
| **First names** |  | **Preferred name** |  |
| **ID No.** |  | **Passport no.** |  |
| **Gender** | M / F | **Race** | African / White / Coloured / Indian / Other |
| **Highest qualification obtained / to obtain before August 2017** |  | **Institution** |  |
| **Date of completion** |  | **Average mark achieved** |  |
| **Degree applied for in Mauritius** |  | **Field of study** |  |
| **Preferred Mauritius institution** |  |

**Contact details:**

|  |  |
| --- | --- |
| **Email address** |  |
| **Cell phone no.** |  | **Alternative phone no.** |  |
| **Postal address** |  |
| **Home province** |  |
| **Home municipality** |  |

**Family / Emergency Contact:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name** |  | **Relationship to you** |  |
| **Cell phone no.** |  | **Alternative phone no.** |  |
| **Email address** |  |

**Current Employment (*if applicable*):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of employer** |  | **Name of supervisor** |  |
| **Does your employer support your scholarship application?** |  |
| **If you are awarded this opportunity what are your plans with respect to your current employment** |  |

**Plans:**

|  |  |
| --- | --- |
| **What are your goals for the next 5 to 10 years?** |  |
| **Explain how studying in Mauritius in your chosen field will assist you in achieving the above mentioned goals.** |  |
| **Describe any leadership roles that you have held, and community projects or volunteer activities that you have been involved in**  |  |
| **How will being awarded this scholarship enhance the development of your community and South Africa?**  |  |
| **What are your strengths that will enable you to successfully complete a degree in Mauritius?** |  |

**Academic or employer reference:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name** |  | **Position** |  |
| **Relationship to you** |  | **Phone no.** |  |
| **Email address** |  |

**Applicant’s Comments (if applicable):**

|  |
| --- |
|  |

**Evidence of application to a Mauritian university is required but does NOT guarantee that a scholarship will be provided.**

**Recommended applicants will be notified and required to submit the Mauritius-Africa Scholarship application form as well as submit a medical examination form to the DHET (to be done at applicant’s own cost) before 15 May 2017.**

**Do not submit CVs or any other documents not requested.**

**Applicants must ensure that a valid email address and current cell phone number are provided on the application form. Email is the primary means of communication and monitoring of inboxes is the applicant’s responsibility. The DHET takes no responsibility in cases where applicants cannot be reached.**

**By signing this form you confirm that:**

* All information provided as part of your application for Mauritius-Africa Scholarship is true and correct.
* You are a South African citizen.
* All supporting documents submitted are accurate and authentic.
* Any references provided may be contacted by the Department of Higher Education and Training.
* Any information provided may be submitted for verification.
* Should any information provided be found to be false, this application will immediately be disqualified. If a scholarship has already been awarded, it may be withdrawn immediately and all costs incurred on your behalf will be claimed from you.
* You have read and understood the terms and conditions of the scholarship as published on [www.internationalscholarships.dhet.gov.za](http://www.internationalscholarships.dhet.gov.za)
* Additional supporting documents may be requested if necessary.

**Signature of the Applicant:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**day / month / year