

# STEPHEN PAX TRUST

Please affix  
your passport  
picture here

## SCHOLARSHIP APPLICATION FORM

### INSTRUCTIONS:

Please fill in all sections of this form and attach all relevant documents to it. Send completed application to the address at the end of this form. (You risk losing your chances of success if you do not complete your application properly.)

### SECTION A: PARTICULARS OF APPLICANT

SURNAME	DATE OF BIRTH (DD/MM/YY)
FIRST NAME	NATIONALITY
OTHER NAMES	GENDER (please check) MALE FEMALE
CURRENT SCHOOL :	GRADE LEVEL:

### SECTION B: MAILING AND COMMUNICATION ADDRESS

RESIDENTIAL ADDRESS:	TELEPHONE NO:
COUNTRY:	EMAIL:

### SECTION C: REQUESTED AMOUNT OF SCHOLARSHIP:

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### SECTION D: REASON FOR SCHOLARSHIP (CHECK ONE)

Grades	Financial Basis	Orphan
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### SECTION E: Information about Father

Full Name: .....		Date of Birth: (dd/mm/yyyy)	
Marital Status:  Married Separated Divorced Deceased		Current Work Status:  Employed Unemployed Pension	
If Employed, Employer's Name and Address			
Job Title: .....		Annual Income: .....	

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#### Section F: Information About Mother

Full Name: .....		Date of Birth (dd/mm/yyyy):	
Marital Status:		Current Work Status:	
Married	Separated	Employed	
Divorced	Deceased	Unemployed	Pensioner
If Employed, Employer's Name and Address			
Job Title: ..... Annual Income: .....			

#### SECTION J: PRIVACY DECLARATION

The information requested in the application form will be used solely for the purpose of assessing your application for the scholarship for which you are applying. Personal information contained in this application will be made available to members of the Scholarship Committee and staff of the Scholarship office only.

#### CHECKLIST [Please tick when you have attached the following documents]

- Completed Scholarship application form
- A copy of an unconditional admission letter from the institution
- The applicant's Result Slip or Transcript of previous studies
- One recent Passport picture (not older than 6 months)
- Birth Certificate and/or Biodata page of passport

#### STUDENT DECLARATION

I \_\_\_\_\_ declare that all the particulars furnished by me on this application form are genuine and reflect my true records.

DATE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Please mail all completed forms along with other required information to: [director@stephenpax.org](mailto:director@stephenpax.org)

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**AN INCOMPLETE APPLICATION WILL NOT BE ACCEPTED.**

<p align="center"><b>FOR OFFICIAL USE ONLY</b></p> <p align="center"><b>RECEIVED</b></p> <p>Date:..... Time:.....</p> <p>Signature:.....</p>
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