

STEPHEN PAX TRUST

SCHOLARSHIP APPLICATION FORM

Please affix
your passport
picture here

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:

--

SECTION D: REASON FOR SCHOLARSHIP (CHECK ONE)

Grades	Financial Basis	Orphan
--------	-----------------	--------

SECTION E: Information about Father

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



**STEPHEN PAX
TRUST**
PAX ET CARITAS

STEPHEN PAX TRUST

SCHOLARSHIP APPLICATION FORM

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 _____

along with other required information to: director@ssu.edu

Please mail all completed forms along with other required information to: director@stephenpax.org

Please mail all completed forms along with other required information to: **director@stephenpax.org**

AN INCOMPLETE APPLICATION WILL NOT BE ACCEPTED

FOR OFFICIAL USE ONLY
RECEIVED
Date:..... Time:.....
Signature.....