

TEOFILO KISANJI UNIVERSITY



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MBEYA

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"TRAINING FOR BETTER LIFE"

50% CLINICAL MEDICINE SCHOLARSHIP FORM

Affix photo here

NOTE:

- This application is available for ONLY selected students to join Ordinary Diploma in clinical medicine
- The deadline of submission for scholarship application will be on **20th September 2023**
- The scholarship will cover only 50% of the tuition fee in the specified program for three years of study
- The scholarship is available for only selected students to join their first year of study
- The student should be able to study fully of three years course and able to contribute uncovered fee by the scholarship
- The student should know that the scholarship favors only students who are to study a full three years course at Teofilo Kisanji University

A) General Information:

1. Applicant full name: _____
2. Date of Birth : _____ (DD/MM/YYYY)
4. Are you the first to attend the college in your family? Yes/No: _____
5. How did you hear about this Scholarship? (Newspaper/Flyer/School/Internet/others: _____

6. Has anyone in your family received a scholarship from The Dr.Levi A K Bradshaw & Mr. Brandon L Bradshaw scholarship? Yes/No
7. Have you or any in your family received any scholarship? Yes/No

B) Contact Details:

1. Present Address:

Ward _____ Dist. _____ Region _____

Family Phone Number: _____ Email _____

Relative or Friend Mobile No.: _____

Relationship: _____

2. Permanent Address

Ward Dist. _____ Region _____

Phone Number: _____ Email _____

Relative or Friend Mobile No.: _____

Relationship: _____

C) **Family Information:** Please list all family members residing in your home. Including aunts, uncles, grandparents etc

Name	Age	Level of Education	Occupation	Alive/Died
Father:				
Mother:				
Number of siblings residing in your home including yourself				

D) Academic Program Interest: **ORDINARY DIPLOMA IN CLINICAL MEDICINE**

E) Shortly state the reason for applying the scholarship (**put a tick where necessary**) **attach the evidence following your reason.**

- I am an Orphan
- My parents are disabled.....
- I am from in a poor family.....
- Other reason

F) School information

Name of O' level school.....

Year of graduation.....

District Region.....

School contact (Head of school mobile number).....

Declaration

I, _____ hereby declare that the information furnished above is true and correct and I will fully attend the three years of study if I get 50% scholarship on my tuition fee If any information is found to be falsified, all benefits awarded to me by The Dr.Levi A K Bradshaw & Mr. Brandon L a Bradshaw scholarship will be withdrawn and legal action may be taken as necessary.

Signature of Parents/Guardian

Signature of the applicant

Date: _____ Date: _____

Place: _____

Documents to be attached with Application Form:

1. Please write your full name on the back of each document (Including passport-sized photos).
2. Form four academic certificate
3. 1 color, passport-sized photo.

Send the filled application form to: kategile@hotmail.com or tekuafya@gmail.com