



# Omnicanne Foundation

## OMNICANNE FOUNDATION UNDERGRADUATE SCHOLARSHIP SCHEME

**ACADEMIC YEAR 2020/2021**

### APPLICATION FORM

Please write your full name at the back of your recent passport photograph

1. SURNAME (in block letters): Mr /Mrs/Miss .....
2. Other name : .....
3. Date of Birth : ..... NIC No : .....
4. Address : .....  
.....
5. Phone No : ..... Email address : .....
6. Higher School Certificate/A Level Results for Undergraduate

SUBJECT	GRADE
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

7. Course for which scholarship is applied and in which institution  
.....
8. Student Identity No : .....
9. Academic year : .....
10. Duration of studies : .....



**11. Parents Income**

STATUS	NAME	OCCUPATION/SOURCE OF INCOME	MONTHLY INCOME
Mother			
Father			

(Please insert NIL where not applicable)






**12. Details of other children in your family attending Secondary School/Training Institution.**

NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	EDUCATIONAL INSTITUTION ATTENDED	CURRENT CLASS ATTENDED

(Please insert NIL where not applicable)

**13. Institution fees (including tuition and general fees) per annum: MUR .....**

**14. I ..... hereby declare that:**

-  all the particulars in this application form are true and accurate;
-  I have not benefitted from any other scholarship or grant;
-  I undertake to follow and complete the programme of studies and to inform Omnicanne Foundation if I obtain another scholarship/grant or decide to withdraw from the programme of studies;
-  I authorise the training institution to reveal my academic results, attendance and conduct to Omnicanne Foundation for the purpose of the scholarship;
-  I am aware that if I have furnished false and misleading information to Omnicanne Foundation, I shall be liable to refund any allowance paid to me.

**Signature of applicant : ..... Date : .....**

.....  
**NAME OF RESPONSIBLE PARTY**

.....  
**SIGNATURE OF RESPONSIBLE PARTY**

**Date : .....**