



## PhD and MSc Scholarship on Intra-Africa Mobility Scheme

### Scholarship Application Form

#### About this Form

This form is for online application for COTRA Project scholarships (<http://www.cotraintrafrica.org/>). In exceptional cases of limited Internet connectivity, you may download the MS Word version of the form, complete it using computer and send it (together with other required documents) as attachment to your **COUNTRY coordinator** (found here: <http://www.cotraintrafrica.org/contacts>) and a copy to [applications@cotraintrafrica.org](mailto:applications@cotraintrafrica.org). Submission of application is until mid-night of **19<sup>th</sup> October 2019** East African time.

#### Please check the relevant boxes below to confirm that you fully understand the application procedure

I am aware that this is an application form for both Target Group 1 and 2 as explained in the call for applications.

I have read and understood the application procedures as described in the call and project brochure.

<b>Target Group (Check the appropriate box)</b>	<b>Target 1</b>	<b>Target 2</b>
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#### Personal Information

*Title Mr/Mrs/Miss/etc)	*Family/Surname Name	*Given Names
*Date of Birth (DD/MM/YYYY)	*Gender	*Country of Birth
	Male <input type="checkbox"/> Female <input type="checkbox"/>	
Marital Status	Single: <input type="checkbox"/> Married: <input type="checkbox"/>	Other(specify):
*Nationality	*Language (s) Spoken	*Country of Residence

#### Applicant Contact Details

*Email:	
*Alternative Email:	
Postal Address:	
Telephone (Mobile):	Alternative Phone

Please indicate if any of the following applies to you

Disability	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Specify:
Chronic illness	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Specify:
Allergy	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Specify:



<b>Next of Kin Contact Details</b>					
Name:				Relationship:	
Email:				Telephone:	
<b>Home/sending Institution (for Target Group1 only)</b>					
Name of Institution			Country		
*City			*State/Province/Region		
			*Zip/Postal code		
<b>Type of Study Applied for</b>			<b>University Applying To</b>		<b>Programme Applied For</b>
Full-time MSc. degree Scholarship					
Credit Seeking MSc. Scholarship					
Full-time PhD. degree Scholarship					
Credit Seeking PhD Scholarship					
<b>For more information on participating HEIs and academic programmes, visit:</b> <a href="http://www.cotrainingtrafrica.org">www.cotrainingtrafrica.org</a> or partner institutional websites					
<ul style="list-style-type: none"> <li>• <b>Universities/College Education and Professional Qualifications<sup>1</sup></b></li> <li>• You must include information about any study for which you are currently registered, and any previous study that you did not successfully complete</li> <li>• If your qualifications were not obtained as a result of formal study at a college etc., state the basis on which they were awarded</li> <li>• Please give title of degree(s) (e.g. BSc.).</li> <li>• Please give name of awarding body if different from university/college attended</li> </ul>					
From Month/Year	To Month/Year	University/College Attended	Full-time/Part-time	Qualifications/Area of Specializations	Dates and Classes of Award
If any of your qualifications were obtained under a name different from the one given in Section 1, please enter the name here.					
Title	Surname/Family Name			Given Name(s)	
Indicate whether you are a previous beneficiary of Intra-Africa Mobility Scheme					
Year	Institution			Programme of Study	
<b>Proposed Project for PhD Degree Dissertation (This section does not apply to MSc Applicants)</b>					
Title of your proposed project (also attach a 3-5 page concept about your proposed study)					
<b>Motivation Statement (Max. 250 Words.)</b>					



<b>Publications</b> or any other evidence of research experience (only for PhD applicants.)			
1. 2. 3. 4.			
<b>Employment (max. three most recent)</b>			
From Month/Year	To Month/Year	Position held and Place of Work	Name and Address of Employer
<b>Required Supporting Documentation</b> 1. <i>Certified Academic Testimonials,</i> 2. <i>Copy of Passport Data page or National ID,</i> 3. <i>Curriculum Vitae.</i> 4. <i>Letter of Recommendation from sending HEIs indicating suitability and grading system (for Target Group1 only)</i>		<div>Click Here to Attach Supporting Documents</div>	
<b>Checklist</b> ( <i>To enable assessment of your application, ensure that you have completed the application form and attached relevant documents</i> )			
Completed application		<input type="checkbox"/>	
Academic transcript attached		<input type="checkbox"/>	
Student's Curriculum Vitae		<input type="checkbox"/>	
Motivational letter		<input type="checkbox"/>	
Recommendation letters		<input type="checkbox"/>	
Two paged Student's research proposal		<input type="checkbox"/>	
I confirm that I don't have a running scholarship at the time of application			
I confirm that I have attached the following documents along with my completed application form			
I acknowledge that I have to apply independently for admission to the programme of my choice. (Application forms for admission can be accessed at: <a href="http://www.cotrainingtrafrica.org">www.cotrainingtrafrica.org</a> . or partner institutional websites as indicated on the advert. For more information about admission refer to contact persons for the respective host HEI)			
<b>Further Information</b>			
This information is to help the University to plan support services for students; it will not be used for the purposes of selection.			



Have you any additional requirements that might affect your study? <i>If so, please enclose a separate letter giving details</i>		Yes	No
<b>Referees</b> Name two people whom the University can consult in confidence about your application. At least one should be a tutor or other member of the academic staff of the university or college at which you studied. If your referees know you by another name, please state it here and indicate whether it should be quoted when referees are approached.			
<b>1. Name</b>		<b>2. Name</b>	
<b>Address</b>		<b>Address</b>	
<b>Telephone</b>		<b>Telephone</b>	
<b>Fax</b>		<b>Fax</b>	
<b>Email</b>		<b>Email</b>	
<b>Position held</b>		<b>Position held</b>	
<b>• Declaration</b> By submitting this application I declare that the information provided in this application and the supporting documentation is true and complete. I understand that the COTRA Project reserves the right to withdraw or cancel any offer made on the basis of information that proves to be untrue or misleading. I accept that the information I provide on this form and during my enrolment can be provided, in certain circumstances, to the European Commission (Intra-Africa Mobility Scheme) and designated authorities, including publishing it on the project website. I understand that COTRA Secretariat will keep all my personal information confidential unless otherwise.			
<b>Signature:</b>		<b>Date:</b>	